stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of inforof OCCUPA-Exact statement properly classified. MARGIN RESERVED FOR BIND See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. HON is very important. -WRITE PLAIM

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Allessany WITHIN CORP	ORATE LIMITS Registration Dist. No.
Village or City Cambridge	No. 34 94 Firsh St 6-2 Ward
Length of residence in city or town where death occurred 53 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Colara V. adams	
(a) Residence: No. 34 / Frisk	St., 6 - 2 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
finale Marke 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	(100)
(or) WIFE of Harry M. adams.	22. Of HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, end year) (1000 24 1872	I last saw h alive on
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
53 4 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	5 Stomach Meast 6 MM
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Canca)
10. Date deceased last worked at this occupation (month and spent in this occupation coupation	
, vouponon-session	Other Contributory Causes of importance:
(State or country)	Canor of Atamasla
13. NAME a. S. Ciables	Janor J. A. Januarla
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Samue Sloves 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Itary Int. Adams.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place the listing 1. la Date 1/19 1936	Nature of injury
9. UNDERTAKER Knis Stein Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address) Compale &	If so, specify
STREET 18,186 Jas Frankling	(Signed) M.D.
Registrar.	(Address) lecceberful lee

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	PATE LIMITS 93-2	14
County Fillegary WITHIN CORPC	Registration Dist. No.	4
Village or City Cufnberland	ND. 324 VM Junia alor, death occurred in a hospital or instituyon, give its NAME instead of street and nu	6 2 Ward
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U. S. it of foreign birth?yrsmos	
2. FULL NAME Joseph William B	arrick	
(a) Residence: No. 324. Vigerina av	es. 6-2 Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE OR DIVORCED, (write the word) White Undown	21. DATE OF DEATH (Month) (Dey)	193 (Yeer)
5a. If merried, widowed, or divorced		
(or) WIFE of Margaret Barnch	I HEREBY CERTIFY, Thet I attended d	eceased from
6. DATE OF BIRTH (month, day, and yeer) 2011 10 1851	76. (1)	death is said
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, at C. D. 9. m.	, 404111 10 54111
84 2 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were as follows:	Date of onset
8. Trade, profession, or perticuler kind of work done as SPINNER. 7-0 4 (2)	J- A	1-1-5
kind of work done, as SPINNER Tured Boilers	Chrones	word
Solndustry or business in which work wes done, es SILK MILL, WM Railway Co	21112000	1-1-34
U 10. Dete deceesed lest worked et 11. Total time (years)	rago Carelle	
this occupation (month and 14/3 spent in this 5 7 me		1
12. BIRTHPLACE (city or town) Alusev	Dther Contributory Causes of Importence:	hotee.
(Stete or country) W.V.	a cul miliae	25
13. NAME Jacob Barick	Ollitalein	1936
14. BIRTHPLACE (city or town) Don't Trow	Neme of operation Date of	
(State or country)	Whet test confirmed diegnosis?	uropsy? 40.
15. MAIDEN NAME Mary Jasker	23. If death wes due to external causes (VIDL ENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Don't /wow	Accident, suicide, or homicide? Date of injury	, 19
Stete or country)	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT/ IN reama Sappa (Address) 324 Vacana are Cute	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Plece / Loge / tyll Clim Date from 7 , 1936	Nature of injury	
19. UNDERTAKER S. A. Watter	24. Was disease or injury in eny wey related to occupation of deceased?	220 1.
20. FIJE 3 , 1834 Ja D. Franks M. Registrar.	(Signed) / 3 8 24 cure (Address) P	M. D.
If may a blambe are morded address State Personan	Charles Street Battimers Barrette Will S. Mr.	

are needed, address State Registrar, 2421 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage FBB 7 1936	July 5,1927	Peritonilis	3 days ago
BURFAH V. S.			
Other contributory causes of importance:	1 1 1 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			X C

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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7	em of infor-	should state	f OCCUPA-	
	-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMA ANT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
SINDIAG	ERMA LNT RE	EXACTLY.	classified. Ex	ů
D FOR E	IIS IS A PI	be stated I	be properly	of certificate
RESERVE	G INK-TH	GE should	that it may	ns on back
MARGIN RESERVED FOR BINDING	H UNFADIN	supplied. A	in terms, so	See instruction
	TIM, WIT	be carefully	EATH in pla	important.
1	-WRITE PLA	mation should	CAUSE OF D	TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAIM

V. S. No. 1

1. PLACE OF DEATH County Willage or City Langth of residence in city or town where death occurred. Will death occurred in a topotal or minimum, give in NAME insected desire and number) Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town where death occurred. Ward Langth of residence in city or town and Sase Ward Ward Langth of residence in city or town and Sase Ward Ward Langth of residence in city or town and Sase Ward Ward Langth of residence in city or town and Sase Ward Langth of residence in city or town and Sase Ward Langth of residence in city or town and Sase Ward Langth of residence in city or town and Sase Ward Langth of residence in city or town and Sase Ward Langth of residence in city or town and Sase Ward Langth of residence in city or town and Sase Ward Langth of residence in city or town and Sase Ward Langth of residence in city or town and Sase Ward Langth of residence in the city or town and Sase Langth of residence in the city or town and Sase Ward Langth of residence in the city or town and Sase Langth of residence in the city or town and Sase Langth of residence in the city or town and Sase Langth of residence in the city or town and Sase Langth of residence in the city or town and Sase Langth of residence in the city or town and Sase Langth of residence in	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Length of residence in city or town what a death occurred Length of residence in city or town what a death occurred A. Row long in a boptist or institution, give its NAME inseed of street and numbers). 2. FULL NAME (a) Residence: No. (b) Clusal playfold shode PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCE, RARRIED MIDDOWED BY STATISTICAL PARTICULARS 2. DATE OF BERTH (month, day, end years) (b) JUNE OF JULIAN BY	1. PLACE OF DEATH	UNUUU
Length of residence in city or from whare death occurred Will death occurred in South to finantining, give in NAME instead of street and number) 10 How long in U.S. if of foreign birth? WAR (a) Residence: No. (b) Charles of the Many Selection of Selection of the Many Selection of	County Cleg WITHIN CO	RPORATE LIMITS Registration Dist. No.
2. FULL NAME (a) Residence: No. (b) All Annual Statistics Annual State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 1. COLOR OR RACE S. SINGLE MARKED, WHOWED, ONLY OF DEATH 2. SEX 1. COLOR OR RACE S. SINGLE MARKED, WHOWED, ONLY OF DEATH 2. SEX 1. COLOR OR RACE S. SINGLE MARKED, WHOWED, ONLY OF DEATH 2. DATE OF BIRTH (month, day, end year) (Cory WHE C. S. II martined, widowsd, or divorced (Month) (Month) (Day) (Year) 1. SEX 1. COLOR OR RACE S. SINGLE MARKED, WHOWED, ONLY OF DEATH 2. DATE OF BIRTH (month, day, end year) (Month) (Day) (Year) 1. SEX 1. Toda, profession, or perticular winds and only only only only only only only only	Village or City Land	TIO, SLY STATE
(a) Residence: No. (Unalphylyd abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SHUGA, MARRIED, WINDWED, B. MEDICAL CERTIFICATE OF DEATH MINISARID of William of Color of Colo	Length of residence in city or town whara death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SUBJECT, MARRIED, WIDOWED, OCHOPHONIC TOWN (Nombh) (No	2. FULL NAME Mary Bed	inger Veteran specify WAR.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 1936 (Month) 1936 (Month) 1936 (Month) 1936 (Month) 1936 (Tear) (Month) 1936 (Tear) 1937 (Tear) 1937 (Tear) 1938 1041 1153 1154		\$16-2 Ward.
2. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED 6. DATE OF DEATH 6. DATE OF DEATH 6. DATE OF DEATH 6. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE 7. AGE 8. Trade, profession, or perticular 9. Days 11. Tell trade, which 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURNAL (CHAPTER) 19. Solve or country) 19. What test confirmed diagnosis? 10. BURNAL (REMATUR), or REMOYAL 19. DATE OF DEATH 19. (Month) 19. (Day) 19. (Year) 10. Date of Work done, as 1 standard donesed from 10. Date of work done, as 1 standard donesed from 10. Date of DEATH 10. Date of DEATH 10. Date of Open town, and the perticular 10. Date of Open trade, and the profession, or perticular 10. Date of DEATH 10. Date of Open trade, and the profession, or perticular 10. Date of Work done, as 1 standard, and the perticular forms of the date stafed abova, at. 10. Date of work done, as 1 standard, and the perticular forms of the date stafed abova, at. 10. Date of DEATH and related causes of Importance 10. Date of DEATH and related causes of Importance 10. Date of DEATH 10. Date of DEATH and related causes of Importance 11. Telet time (years) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURNAL CEMPATION, or Remoyal. 19. UNDERTAKER 19. Date of Open trade, and the date stafed abova, at. 19. Date of DEATH and related causes of Importance 19. Date of DEATH 10. Date of DEATH 10. Date of		
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(or) WIFE of Youth Balannage 1900 A 3 1867 That saw h. 1900 Months 1900 A 1860 That saw h. 1900 Months 1900 A 1860 A 18	5a. If married, widowed or divorced HUSBAND of	22
6. DATE OF BIRTH (month, day, end year) C 3 S S T 7. AGE Years Months Days It LESS than 1 Iday,	(00) WIFE OF 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	36
7. AGE Years Months Days ITLESS than 1 day	6 DATE OF RIGHTH (month day and year)	
3. Trade, profession or particular find of work domes as SPINNER. The profession of profession of particular sind of work domes as SPINNER. The profession of particular sind of work domes as SPINNER. The profession of particular sind of work domes as SPINNER. The profession of particular sind of work domes as SPINNER. The profession of particular sind of work domes as SPINNER. The profession of particular sind of work domes as SPINNER. The profession of particular sind of work domes as SPINNER. The profession of particular sind of work domes as SPINNER. The profession of particular sind of work domes as SPINNER. The profession of the particular sind of work domes as SPINNER. The profession of the particular sind of work domes as SPINNER. The profession of the particular sind of the particular sind of the particular sind of work domes as SPINNER. The particular sind of the particular		250/P
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SAN MILL, BAIK, etc. 10. Date deceased is worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME FANNY Dangery 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Reference 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANY 18. BURIAL, CREMATION, OR REMOVAL Place FANNY 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. 19. Date 20. Fired Cases 19. 19. Date 21. Signed) 19. (Address) 20. Fired Cases 19. 19. Date 21. Signed) 19. (Address) 20. Fired Cases 10. Signed) 10. Date 10. Date of injury Nature of injury Nature of injury Nature of injury (Signed) 19. ONDERTAKER 19. Date 19. ONDERTAKER 19. Date 19. ONDERTAKER 19. Date 20. Fired Cases 19. Date 21. Signed) 22. Was disease or injury in any wey related to occupation of deceased? 19. ONDERTAKER 19. Date 20. Fired Cases 19. Date 21. Date 22. Was disease or injury in any wey related to occupation of deceased? 19. ONDERTAKER 19. Date 20. Fired Cases 19. Date 21. Date 22. Was disease or injury in any wey related to occupation of deceased? 19. ONDERTAKER 19. Date 20. Fired Cases 19. Date 21. Date 22. Was disease or injury in any wey related to occupation of deceased? 22. Was disease or injury in any wey related to occupation of deceased? 22. Was disease or injury in any wey related to occupation of deceased? 22. Was disease or injury in any wey related to occupation of deceased? 23. Date 24. Was disease or injury in any wey related to occupation of deceased? 24. Was disease or injury in any wey related to occupation of deceased? 25. Date 26. Date 27. Date 28. Date 28. Date 29. Date 29. Date 29. Date 29. Date 29.	SAWYER, BOOKKEEPER, etc.	Chrone rephretis 1934
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(State or country) 13. NAME Harry Dangherty 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Was there an autopsy? 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANY Superficients (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER This stars (Address) 20. FIESDAM J. 3., 19.36 19. UNDERTAKER This stars (Address) 21. Informany occurred in injury in any wey related to occupation of deceased? (Signed) 22. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER This stars (Address) 20. FIESDAM J. 3., 19.36 (Address) M. O. (Rigned) M. O. (Address) M. O. (Manner of injury M. O. (Manner of injury	, , , , , , , , , , , , , , , , , , ,	
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Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Place VIII State of County and State) Nature of injury Nature of injury (Address) 24. Was disease or injury in any wey related to occupation of deceased? (Signed) (Address)		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Place VIII State of County and State) Nature of injury Nature of injury (Address) 24. Was disease or injury in any wey related to occupation of deceased? (Signed) (Address)	H Contract of the	
(Specify city or town, county and State) 17. INFORMANT (Addess) 18. BURIAL, CREMATION, OR REMOVAL Place 17. LONG Date 19. UNDERTAKER 19. UNDERTAKER 20. FIRST 20. FIRST 21. (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Villouis Un Date / 3 , 1936 19. UNDERTAKER This Stern In Suc (Address) 20. Firster In Suc (Address) 20. Firster In Suc (Address) 21. Signed (Address) (Address) In Suc (Address) In S	In the Biding	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Villouis and Date 1/3, 1936. 19. UNDERTAKER This Stein 3 rd. (Address) 20. Firster 13, 1936 And Address M. M. O. Registrar. Manner of injury Nature of injury Nature of injury (Signed) (Signed) (Address) 2 1 3 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	(/. 1/	Specify whether injury occurred in INDUSTRI, in HOME, of INTUBER FLACE.
Place Millians Date 3, 1936. Nature of injury. 19. UNDERTAKER This Stim Size 24. Was disease or injury in any wey related to occupation of deceased? (Address) if so, specify (Signed) (Signed) (Address) 2.1.3. (Address) 2.1.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. Firster 1 3, 1936 Jas P. Strendelm M. D. (Signed) 1 4 Clyanger M. D. (Address) 213 Us. auto unique land M. D. (Address) 213 Us. auto unique land M. D.	Place Villerish Clm Date / /3 , 1936	
20. Frederick M. O. (Signed) The Character M. O. (Address) 213 US. all & maherland M. O.		
	20. Freday 1 3, 1936 Jeal Mandelin MA	(Signed) The letter M. O.
	+	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage LAB 7 1900	July 5,1927	Peritonitis	3 days ago
BURFALL V. S.			
Other contributor causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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should state

of OCCUPA-

1	. PLACE OF DEAT	гн			CERTIFICATE (H Moon.	0004
	Village Dr City Cl	legany umberlan	d. Md		No. Myrtal.St	ou, give its NAME in	ity St., 6	umber)
2	Length of residence in cit 2. FULL NAME (a) Residence: No.	atherin	eath occurred.e.A.Bit	ttinger Md	ds. How long in U.S. If of If U.S. Veteran, s St., Ward.	specify WAR		
	PERSONAL AN	D STATISTIC			MEDICAL CE	RTIFICATE		State
3	SEX 4. COLO	R OR RACE	S. SINGLE MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH		2.1936	, 193(Year)
5a.	If married, widowed or divo HUSBAND of Defi Je (or) WIFE of	Man. B	ittinge	er	22. 1 HEREBY		That I attended	deceased from
6. 1	DATE OF BIRTH (month, day	and year)	ct.1.18	361.	I last saw h alive on	lefo 10	19.3 √	_
_	AGE Years 74	Months 3	Days 1	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:	I and related causes	• AIII	
PATION	8. Trade, profession, or pa kind of work done, SAWYER, BDDKKEE	as SPINNER, PER, etc	At Hor		augus	ig lects	K	Date of opent
כם	work was done, as S SAW MILL, BANK, e	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			-			
Ö	10. Date deceased last wor this occupation (more year)	nth and	spe	ime (years) nt in this upation	=			
12.	BIRTHPLACE (city or town). (State or country)			Pa	Other Contributory Causes of impor	tance:	Incolif-	74-
ER	13. NAME Dor	it Know						
FATH	14. B1RTHPLACE (city or to (State or country)	wn)	ont Kno	OW	Name of operation What test confirmed diagnosis?		Date of	
ER	15. MAIDEN NAME	ont Kno	W		23. If death was due to external caus			
MOTH	16. BIRTHPLACE (city or to (State or country)		Dont F	(now	Accident, suicide, or homicide? Where did injury occur?	Dat		
17.	INFORMANT(Address)	ck.F.Bit	tner	}	Specify whether injury occurred in	(Specify city or tox	vn, county and State , or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR R		Date Jan	5.1935	Manner of injury			
19.	UNDERTAKER JC (Address)	hn.C.Wo		1	24. Was disease or injury In any wa			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

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Chronic interstitial nephritis Q 7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	Name of the last	
Gallstones	May 1,1923	Gastroenteritis	1 year	

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back important. DEATH plnous OF

RESERVED

1. PLACE OF DEATH Allegany WITHIN CORPORATE County Cumberland. Md Village or City 2. FULL NAME Mrs. Eavilla. Blauch. Short Gan (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. Female OR DIVORCED (write the word) White Maried 5a. If marriad, widowed, or divorcad HUSBANO of Ephrian. Blauch (or) WIFE of Oct.20.1873 6. DATE OF BIRTH (month, day, and yaer) 7. AGE Years Months If LESS than Days 24 1 deyhrs. or min. 8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc..... OCCUPATION 9. Industry or businass in which work was dona, es SILK MILL, SAW MILL, BANK, etc 10. Date deceasad last worked at 11. Total tima (yaars) spent in this this occupation (month and occupation 12. BIRTHPLACE (city or town) (Stata or country) John . Yoder 13. NAME 14. BIRTHPLACE (city or town) ... (Stata or country) Sugan. Stevanus OTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Ephriam.Blaugh 17. INFORMANT ... (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Pinto Mennonite Md Oate Jan 15. 1936 John.C. Wolford 19. UNDERTAKER Cumberland.

Registration Dist. No. No. Allegany. Hospital St, 4 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. 12 1/2 ds. How long In U. S. if of foreign birth? yrs mos ds. If U. S. Veteran, specify WAR MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Jan. 13.1936 CERTIFY That I attended deceased from USE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?______ Date of injury______19 Whera did injury occur?_____ (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury Natura of injury_____ 24. Was disease or injury In any way releted to occupation of decaasad? If so, specify

WRITE

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial mephrit Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH	00000
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5a. If married, wildowed, or divorced HUSBAND or (or) WIFE of (or) WIF	1	County Village or City CUMBENTAND Length of rasidence In city or town where de		Registration Dist. No. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nos. 26. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
3. SEX MALE WHITE S. SINGLE, MARRIED, WIOUWED, OB DIVORCED, Courtic the word) 5. If married, widowed, or divorced Hospital Search of Corp. White of Corp. W	2		DKIN Z (Usual place of abode)	St., Ward. McCost Md
MALE WHITE OR PIVORCED (write the word) 5a. If married, widowed, or divorcad (Month) (Day) (Yes) (Cor) wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,			CAL PARTICULARS	
HUSSAND of (or) WHE of (or) WH	M	ALE WHITE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	JANUARY 8, 1936
TAGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular war for min. 9. And the Month of work done, as SPINNER, CHILD Sapent in this war done, as SILK MILL, SAW MILL, BARK, etc. 10. Oate deceased last worked at this cocupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) MARYLAND (State or country) 13. NAME BROOK BODKIN 14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country) 15. MAIOEN NAME BEATRICE CLARK 16. BIRTHPLACE (city or town) MARYLAND (State or country) 17. INFORMANT MEMORIAL HOSPITAL (Addrass) CUMBERLAND, ND e 18. BURIAL, CREMATION, OR REMOVAL Place Day Maryland Advanced Andrews	5a.	HUSBAND of		22. 1 HEREBY CERTIFY, That I attended decaasad from Nov 19, 1935, to gan 8, 1936
Savyer, BookKeeper, etc. Savyer, Bookkeeper,	6. I	DATE OF BIRTH (month, day, and year)	JUNE 1,1929	
8. Trade, profession, or particular sind of work dona, as SPINNER. CHILD 9. Industry or business in which work was dona, as SPINNER. CHILD 10. Jack deceased in this occupation (month and years) spent in this occupation (month and occupation) 112. BIRTHPLACE (city or town) (State or country) 113. NAME 114. BIRTHPLACE (city or town) (State or country) 115. MAIOEN NAME BEATRICE CLARK 116. BIRTHPLACE (city or town) (State or country) 117. INFORMANT (Addrass) (Addrass) (CUMBERLAND (State or country) 118. BURIAL, CREMATION, OR REMOVAL Place Place 119. UNDERTAKER 110. Total tima (years) spent in this occupation Other Contributory Causes of importance: Other Contributory Causes of importance: 119. Under Contributory Causes of importance: Other Contributory Ca	7. A	7	\ \ 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	UPATION	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	HILD	Involvery Lymph glands! no premary lesson found!
14. BIRTHPLACE (city or town) WEST VIRGINIA Name of operation What test confirmed diagnosis? (Autropy Virginia an autopsy? Accident, suicide, or homicide? Data of injury Data of injury Data of injury Data of injury Operation Opera	220	Oate deceased last worked at this occupation (month and year)	spent in this occupation	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Data of injury, 19 What add injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	12.		RYLAND	
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME BEATRICE CLARK 16. BIRTHPLACE (city or town) MARYLAND (State or country) MEMORIAL HOSPITAL 17. INFORMANT (Addrass) CUMBERLAND, MD. 18. BURIAL, CREMATION, OR REMOVAL Place Law son Molecular (O, 19 3 (Manner of Injury)) Manner of Injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	ER	13. NAME BROOK BODKT	N	
15. MAIOEN NAME BEATRICE CLARK 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Accident, suicide, or homicide? Whara did injury occur? (Specify whether injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury 19. UNDERTAKER 15. MAIOEN NAME BEATRICE CLARK 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Opecify city or town, county and State) Specify whether injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	FATH		VIRGINIA	
MEMORIAL HOSPITAL 17. INFORMANT (Addrass) CUMBERLAND, MD. 18. BURIAL, CREMATION, OR REMOVAL Place 1. One for the	ER	15. MAIOEN NAME BEATRICE C	LARK	
17. INFORMANT GALLING THE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place L aw son Water of Injury Nature of injury 19. UNDERTAKER JAM GALLING JAM 24. Was disease or injury in any way related to occupation of deceased?	MOTH	16. BIRTHPLACE (city or town)	LAND	Accident, suicide, or homicide? Data of injury, 19
Place Daw son My Oate flux 10, 19 36 Nature of injury 19. UNDERTAKER JAM green of Jam 24. Was disease or injury in any way related to occupation of deceased?	17.	INFORMANT		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
13, UNDERTAILED	18.	1 (11) 1000 111	Date Jun 10,19 2	G
(riquiess) II W II so, specify	19.	UNDERTAKER JAMan (Agdress) Kyz	ewood for	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDAM 9, 176 Sent Hanks are needed address State Registrar. (Address) 122 & Contract Street Religious Requestrar 71 S. No. 3	1		F. Franklin Pat Registrar.	

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BUSPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 00007
1. PLACE OF DEATH	Trail
County Allgany THIN CORD.	Registration Dist. No.
Village or City 4 x 12 thurs	No. Morrers Hospitals. Ward
Length of residence in city of town where death occurred 66 yrs	death-occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary W. Bran	dy
(a) Residence: No. Langerning, Mary	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH CW. 8th
58. If merried withoused or divorced	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
0 1610	Jaw. 2 ml 1926, 10 July. 8 de 1936
6. DATE OF BIRTH (month, day, and year) (Mg · 19 1862	I lot saw h elive on fuw. 18 2 , 19 36 ; death is said
7. AGE Years Months Bays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Permiciones ausenna 12/27/35
9. Industry or business in which work was done as SII K MIII	
11. Total time (years) this occupation (month end for 1997) year)	
year) occupation occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) I Coro Garba Culy (State or country)	
The state of the s	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Len Reynolds 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, Date of injury, 19,
() (State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND Cella Drany (Address)	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL)	
Place St. Marys Cernetery Date Jan 11, 1936	Manner of Injury
m. E. 1/1/1/	Nature of Injury
19. UNDERTAKER TO CONCURS (Address) Lanconing Ma.	24. Was disease or injury In any way related to occupation of deceased?
20, FILED JOLL - 10,1936 R.R. Walker	(Signed) M. L. M. Courupt 1 M. D.
Registrar.	(Address) midlaud - Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FFR	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis AR 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
33.(3.1)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00008
1. PLACE OF DEATH	(Pa)
County Tillegary	Registration Dist. No. 101
Village or City On A Savag Q	No. St., Ward
Length of residence in city or town where death occurred yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME of hisley France &	3 as da 0 so.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (principle word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 24117 (-1932)	I last saw har alive on Jase 3 0 1936 : death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, a 2.40 A.m.
3 6 / 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cente Fastis Enteriles Janão
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at this occupation (month end	
O 10. Oata deceasad last worked at this occupation (month end year) 11. Total time (year) spent in this occupation	
12. BIRTHPLACE (city or town) Jux Pavage	Other Coutributory Causes of importance:
(State or country) 13. NAME AST & B. Bus Asses	- Envulsions Jan 34
E O Jack 100	Named analysis
4. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Chin Call Was there an autopsy?
15. MAIDEN NAME / Keling d. Pelkings	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME ROLLIA J. CELN WAS 1. 16. BIRTHPLACE (city or town) O. D. Lew Jang	Accident, suicide, or homicide? Data of injury, 19
E (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AUGUST STATES AND CANADA LANGE LAN	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A Date-1017 3 1936	Manner of injury
19. UNDERTAKER A A WAY AND A CADDRESS	Nature of injury 24. Was disease or injury in eny way related to occupation of deceased?
20. FILED M 31 , 1934 A BUTALANA Registrar.	(Signed) of January M.D. (Address) Matheway are a Mile
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ì	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WEIGHTS V. S.	* *		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

on back

PLACE OF DEATH

² FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

(Month)

SINGLE, MARRIED, CONV WIDOWED

OR DIVORCED (Write the word)

(Day)

(Year)

If LESS than

I day hrs.

4 COLOR OR RACE | 5

which employed or (employer).....

Village or City

6 DATE OF BIRTH

(a) Trade, profession or

particular kind of work

(State or country)

11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

10 NAME OF FATHER

9 BIRTHPLACE

(b) General nature of industry business, or establishment in

3 SEX

7 AGE

ARENTS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Brown.	a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATI	E OF DEATH
16 DATE OF DEATH	1 1
(Month)	(Day), 1929. (Year)
17 I HEREBY CERTIFY, That I	attended the deceased from
and that death occurred on the date sta	ted above, atm.
The CAUSE OF DEATH it was as follows the history of died from	Bronesie
Secondary	Evit 6 day
(Signed) *State the Disease Causing Dear Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	th, or, in deaths from njury; and (2) whether
18 LENGTH OF RESIDENCE (For Hos	spitals, Institutions, Trans-
At place of death yrsmos,da. St	he ate,yrsmosda.
Where was disease contracted, if not at place of death?	PRANTO
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	TATE OF BURIAL
Wordrow Wiva	Jan 3 ,136
20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus: Farme or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Sorvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a cu at home, who are engaged in the laborer, Furm laborer, Laborer-Coal mine, etc. Womadditional line is provided for the latter statement; it cases, especially in industrial employments, it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an fulness of various purguits can be known. The ques-(a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of ocetc., 010 For many occupations a single word or term on yrs.). For persons who have no occupation cr, write None. At Home, and children, not gainfully emwithout more precise specification as duties of the The material is neces-

Statement of Cause of Death—Name, first, the discretion with respect to time and causation), using always the same people of term for the same disease. Examples: Corcheopinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('toup''): Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and consement of cause of death approved by Committee Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal schiltacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age." "Shock," vulsious," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or "Uraemia," "Weeknes: " etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," causing stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnant neoplasms); inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of (namb origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of langs, men-(secondary or intercurrent) affection need Whooping cough; For death), 29 ds.; Bronchopneumonia "Debility" ("Congenital," "Scuile," etc.), VIOLENT DEATHS Chronic valvular heart (Recommendations on state-Example: Measles state MEANS Struck by railway discuse; Mousles; terminal (disease (merely (secondnot be etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County, Called Scanny WITHIN CORPORATE LIMITS Registration Dist. No. Willage or City, County or form where death occurred. O. yrs. mos. d. Hevy long in U. S. In of foreign birth. Ward Length of raidance in city or form where death occurred. O. yrs. mos. d. Hevy long in U. S. In of foreign birth. (a) Residence: No. D. Clustifying of shock) PERSONAL AND STATISTICAL PARTICULARS If U. S. Veteran, specify WAR. (a) Residence: No. D. Clustifying of shock) PERSONAL AND STATISTICAL PARTICULARS S. INCIEL MARKED, WHOWED, OR PRIORECE Network the work) PROJECT OF BIRTH (month, day, and year) (b) Will of State of divorage of shocks The PERSONAL AND STATISTICAL PARTICULARS S. INCIEL MARKED, WHOWED, OR PRIORECE Network the work) PROJECT OF BIRTH (month, day, and year) (c) Will of State of divorage of shocks The PERSONAL AND STATISTICAL PARTICULARS S. INCIEL MARKED, WHOWED, OR PRIORECE Network the work) The PERSONAL AND STATISTICAL PARTICULARS S. INCIEL MARKED, WHOWED, OR PRIORECE Network the work) The PERSONAL AND STATISTICAL PARTICULARS S. INCIEL MARKED, WHO WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIEL MARKED, WHO WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIEL MARKED, WHO WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIEL MARKED WHO WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIEL MARKED WHO WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIEL MARKED, WHO WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIEL MARKED WHO WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIEL MARKED WHO WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIENT WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIENT WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIENT WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIENT WAS AND YEAR OF THE STATISTICAL PARTICULARS I S. MARKED WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIENT WAS AND YEAR OF THE STATISTICAL PARTICULARS I S. MARKED WAS AND YEAR OF THE STATISTICAL PARTICULARS S. INCIENT WAS AND YEAR OF THE STATISTICAL PARTICULARS S. IN	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00010
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Cit death occurred in a Benjale of institutions, give its NAME antended datest and number) 2. FULL NAME (a) Residence: No. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Village or City b hale and	No. 502 Rosett Il aus / Ward
2. FULL NAME (a) Residence: No. 5 2 Residence: No.	9	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 5 2 P. C. (Usualpiles of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SHOLE, MARRIER, WIDOWED, OR DIVORCD (write the word) OR DIVORCD (write the word) 4. COLOR OR RACE S. SHOLE, MARRIER, WIDOWED, OR DIVORCD (write the word) OR DIVORCD (write the word) T. AGE Years Month: Days IT LESS than 1 day, hrs. Or min. The PRINCIPAL CAUSE OF DEATH and related course of importance were art spice. SAWYER, BOUKEFER, etc. SAWY	00 10 1	
Clust piece of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (winter the word) S. If married, widowad, or divorced HUSSAND (Month) Days If LESS than Or Less Or Death Days If LESS than Or Less Or Death To protection, or particular SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, et	2. FULL NAME Grand VY Onchan	If U. S. Veteran, specify WAR
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What tast confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (State or country) What tast confirmed diagnosis? Was there an aulopsy? 23. If daath was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Spacify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Specify city or town, country and State) Nature of injury Nature of injury 19. UNDERTAKER (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. 19. UNDERTAKER (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, country and State)	14. BIRTHPLACE (city or town)	Nama of operation Date of
Accident, suicide, or homicide?	(State or country)	What tast confirmed diagnosis?
Accident, suicide, or homicide?	I 15. MAIDEN NAME SANN Walhelm	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
17. INFORMANT Mother Report of the Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. Nature of injury Nature of injury 19. UNDERTAKER (Address) 16. Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Address)	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Date Date Date Date Date (Address) 19. UNDERTAKER (Address) 20. FILED (Signed) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Signed) (Signed) Manner of injury in any way felated to occupation of dacaased? (Signed)	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Place Date	(Address)	Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
19. UNDERTAKER Line Stern Inc		Manner of injury
(Address) If so, specify 20. FILED AND 6, 1896 Sept Thankles 2nd (Signed)	Place Street Attle Com Date fam 6, 1936	Nature of injury
20. FILED AND 6, 1896 Sept Thrankles 2nd (Signed)	19. UNDERTAKER Loris Stern Inc.	24. Was disaasa or injury in any way related to occupation of dacaased?
20. FILED WITH LOND OF PROPERTIES.	A	
	20. File fan 6 136 Jan Marchen In A	(Signed) (Signed) Myo
		(Addrass) 2/3 /4 all be when and my

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	B	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FD -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JA	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDE

MARGIN RESERVED

V. S. No. 1

STATE	OF MARYLAND—	CERTIFICATE	OF DEA	TH 00	ATT.
1. PLACE OF DEATH	14415	107-0			1
County Allegan	T. WITHIN COR	PORATE LIMITS	Registration	Dist. No.	4
Village or City	manhand.	No. 29 01	NV	St.	~2 Ward
Length of residanca in city of town where	death occurred vrs 7 mos	f death occurred in a hospital or mati ds. How long In U.S. If	of foreign birth?	instead of street and	number) os ds.
2. FULL NAME Charoles	the American				
000	L. Mr. vag	St. 6 - Ward.	, specify WAR		
(a) Residence: No. 29 07	(Usual place of abode)	St., @ ward.	If nonresident	give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL/	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH	Cen	< ?	to
Amale Monte	made word	1	(Month)	(Dey)	, 193 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of		1			
(or) WIFE of		22. HEREB	Y CERTIF	Y. That I attanded	dacaased from
6. DATE OF BIRTH (month, day, end year)	mars 30 1035	I last saw h. A. alive on	1 am //	3 135	_; daath is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date sta	red ebove, at 5,2	op-	., vaum 13 Jan
0 7	3 3 ormin.	Tha PRINCIPAL CAUSE OF DE	ATH and ralated caus	as of importance	
8. Trade, profassion, or particular	0	wara as rollows.			Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Good	//3		<u></u>	Dec
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		1/02000	ello/	neum	2.9
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	11. Total tima (yaars)	- 5			-1.23.8
this occupation (month end year)	spent in this		amary	/	
Lance Care	1.1.10	Other Contributory Causes of Im	portance:		1
12. BIRTHPLACE (city or town) (Stata or country)	and Ind	-			
13. NAME Edward	brac.				- ~
13. NAME CANAL 14. BIRTHPLACE (city or town)	01	Neme of operation	60	Dete of	-
(State or country)	ma.	What test confirmed diegnosis?_	Clina	Was there an	autopsy
15. MAIDEN NAME ALTHU	Broks.	23. If death was due to external c	auses (VIOL ENCE) fi	II In also the following	g:
15. MAIDEN NAME ALVA		Accident, suicide, or homicide?_	W	Date of injury	, 19
E (State or country)	ma.	Whara did Injury occur?	(Sanaife aine a	town, county and Sta	
17. INFORMANT Mass Kerda	Cage	Specify whether injury occurred	in INDUSTRY, in HO	ME, or in PUBLIC PL	ACE.
(Address)	land.	100	no		
18. BURIAL, CREMATION, OR REMOVAL) note 1/6 10 35	Manner of Injury			
0 . 1+	-) 0	Natura of injury			W
19. UNOERTAKER ATTINO SULLA (Address)	n Jac.	24. Was disaase or injury in any	wey ralated to occup	ation of dacaasad?	
	The on my	If so, spacify (Signed)	EBB	wes	20
20. FILED UN 6 , 19.35	Registrar.	(Signed)	3 75	au	М. С
		, 2411 N. Charles Street, Baltimore,			

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Chronic interstitial nephrilis FFD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Laurent V. S.			
Other contributory causes of importance:	-3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	A -	· ·	
			Les 155 A.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	00012
1. PLACE OF DEATH	WITHIN COR	PORATE LIMITY (83)	
County	gamy	Registration Dist. No	7
Village or City County	Erland	No. Sylvan Retreat	St.,Ward
Length of residence in city or town where dea		death occurred in a longital or institution, give its NAME instead of st	
2. FULL NAME Proces	of Oline	ey If U.S. Veteran specify WAR	
(a) Residence: No.	Det	St. Ward. Frostlura Y	30 1
(a) Residence. No.	(Usual place of abode)	If nonresident size city or t	town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 2 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (during the word)	21. DATE OF DEATH Jan (Day)	, 193.6 (Yeer)
ia. If married, widowed or divorced HUSBAND of (or) WIFE of	Planel	0	ettended deceased from
1	7	Sec 1, 1930, 10 June	6, , 1936
DATE OF BIRTH (month, day, end year)	aux 1875	I last saw h. F.R. alive on Jane	1936; death is seid
AGE Years Months	Days If LESS than 1 dayhrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importa	
6/	ormln.	were as follows:	Oate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		G. G	7
9. Industry or business in which		service garacycle of	Sec. M
work was done, as SILK MILL, SAW MILL, BANK, etc		The ways	
	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)	many		
13. NAME Sufermation	- 14.		
	W MINER CONTRACTOR		
(State or country)	ses the	Name of operation	Date of
15. MAIDEN NAME	ed - est	23. If death was due to external causes (VIOLENCE) fill in also the	
15. MAIOEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	
(State or country)	dition	Where did Injury occur?	,, 4
7. INFORMANT (Address)	of any fund	(Specify city or town, county Specify whether injury occurred In INDUSTRY, In HOME, or in PU	y and State) BLIC PLACE.
18. BURIAN PEMATION, OR REMOVAL	1 2	Manner of injury	
allegany tounly are	Date 7 , 1935	Nature of injury	
9. UNDESTAKER TOWN	ede Fuc	24. Wes disease or injury in any way related to occupation of dece	ased? ~
(A)dres berland	Myd.	If so, specify	
D. FUEDON 9 1926	Munchen MU	(Signed) De 17. Throng	
//	Revistrar.	(Address) me de cal 12500	3 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage, S. V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 100013
1. PLACE OF DEATH	TOPATE LIMITS 402
County Allegany WITHIN COH	Registration Dist. No.
Village or City Confirmely Claud	No. S/5 Maryland St., 5 Ward death occurred in a hospital or indistrition, ave its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Martin M. Cannely	
(a) Residence: No. \$15 May Land (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OBOYORCED (wwite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(ar) WIFE of Mary A. Courses	22. I HEREBY CERTIFY. That I attended deceased from
May = 10-0	, 132, 10
6. DATE OF BIRTH (month, day, and sear which is a search of the search o	I last saw how elive on a live on 1936; death is said to have occurred on the date steted above, et 2507 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
7 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	14-marls 7 1931-
SAWYER, BOOKKEEPER, etc.	Machael 1
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and spent in this	
yeer) og:upation	
12. BIRTHPLACE (city or town) Mour Jersey	Other Contributory Causes of importance:
(State or country)	Carana of Storout
13. NAME Atter Conheller	
13. NAME Folice Coupledly 14. Birthplace (city or town)	Name of constitution
44. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
W 15 MAIDEN HAMES I bara Carrolle	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marline Conselley for	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	
Stace Jahriel Land Date Jane 5, 1936	Manner of injury
DA C	Neture of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Control March	If so, specify
20. FHE6 2 5 , 1936 Jas Otrensklu MN	(Signed) M. D.
Registrar.	(Address) - Cusuberford, Jud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	7	Example II	Zaumpies.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronie interestitial perhettia	1915	Attack of epilepsy	1 week ago
Arterioselerosis Chronie interstitial nephritis 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE

OF	DEP	IH	00	1014
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		Dist. No.		
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of foreig	n birth?	угз.	m	osds.
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-		e give city of	r town and	State
		- OF B	EAIR	/
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ted above	, at	m.	, 15	_, 464111 13 3414
TH end	related ceu	ses of impo	rtance	
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Tuo		Dete of In	jury	, 19
in INDU	STRY, in H	OME, or in	PUBLIC P	ACE.
				No:
11/	lade	14/1	4.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	.	Example II	FIZE
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaiy 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			September 1

A. A.

sta SUP	1. PLACE OF DEATH	93-6)
should f OCC	County augulus.	Registration Dist. No. 9
she of		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?yrsmosds,
IAN men	2. FULL NAME Larah Sauc Cross	If U.S. Veteran specify WAR
CORD. Every PHYSICIANS		St., Ward. If nonresident give city or town and State
t H	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE	1. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fraite the word 5. COLOR OR RACE 5. COLOR	21. DATE OF DEATH January 23, 193 (c. (Month) (Day) (Year)
AN A C ssife	5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Leonard Crass	22. I HEREBY CERTIFY, That I ettanded deceased from Jan 1936
IS A PERM stated EX properly clar	6. DATE OF BIRTH (month, day, and year) War 4 185-7 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at 830 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Date of onset
INK—THIS should be t it may be on back of	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaasad last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:
UNFADING supplied. AGI n terms, so tha	(State or country)	
sul sul in t	13. NAME Courad Tibbert 14. BIRTHPLACE (city or town) Granually (State or country)	Name of operation Nove Date of Whet test confirmed diegnosis? Nove Westhare an autopsy? No
PLAINLY, WITH hould be carefully su OF DEATH in plain very important. See	15. MAIDEN NAME 7 Famel 7 Famel 16. BIRTHPLACE (city or town) Alla. 17. INFORMANT Eugene Cross	23. If death was due to externel causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
E 00 100	18. BURIAL, CREMATION, OR REMOVAL Que your 25, 1936	Manner of injury
N. B.—WRITE mation s CAUSE TION is	19. UNDERTAKER JAMarkurod Long (Address) Kyzu w Ya. 20. FILED Jan. 24., 1936 Allander Resistrat.	24. Was disease or injury in any way related to occupation of deceased? 200. If so, specify (Signed) (Address) (Address) M. D. C.

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis FFR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU	VS		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B. ż

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STATE OF MADVI AND CEPTIFICATE OF DEATH

STATE OF MANTEAND	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	11-0
County alleghency	Registration Dist. No.
	No. The Manuary St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret ann Dono	hue-
(a) Residence: No. 71 Main (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 29 1936, to 940 2 1 1926
5. DATE OF BIRTH (month, day, and year) Nearl, 1860	I last saw hely alive on Jan 20 , 1936; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1221 A.m.
76 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	miluen gen 2/1
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and pear) this occupation (month and pear)	
12. BIRTHPLACE (city or town) Frostburg	Other Contributory Causes of importance:
(State or country) allegheny Co Md	Stone to meumana 1936
13. NAME Edward Donohue	
14. BIRTHPLACE (city or town) Gunganan (State or country) Treland	Name of operation
15. MAIDEN NAME ann Mc nully	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Qublen (State or country) Itel Cand	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT Edward J. Donohue	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of rostburge Date of el 2, 1936	Nature of injury
19. UNDERTAKER J. J. Durst (Address) Holoshtury Undertaking Establish	24. Was disease or injury In any way related to occupation of deceased?
al and a O Calcallian	Marm Clare Do

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00017
1. PLACE OF DEATH WITHIN CORPORATE	LIMITS (159)
County Mungany	Registration Dist. No.
Village or City Smilestand	No. Management St., 4 Ward death occurred in a hoppital or institution, give its NAME instead of street and number)
	death occurred in a normal of hishidanic, give its 1971/12, instead of street and number)
2. FULL NAME Infant Llauglas	If U.S. Veteran specify WAR
	at / - 9/11. A
(a) Residence: No. 19 // O O O O O O O O O O O O O O O O O O	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male What OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
0 1	
6. DATE OF BIRTH (month, day, and year)	I last saw harmalive on 15 cm 15, 1935; death is said
7. AGE Years Months Days If LESS than 1 day hrs.	to have occurred on the date stated above, at
or_9_min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Weblily Tremaliny
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
O this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
(State or country) Prod.	
13. NAME Propard Donnlas	,
13. NAME Nohard Konglass 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Climicuf Was there an autopsy? hu
15. MAIDEN NAME marganeth Inc domald	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many has donald	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
Back of Donales	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Spening manual management of the control of the con
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Alt Worthes Impate / 6, 195 k	Nature of injury
19. UNDERTAKER Lomis Almi Tup.	24. Was disease or injury in any way related to occupation of deceased?
(Address) (malestand	If so, specify
1 0 0 100	h is in a later of the same of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
W 4 4000	Other contributory causes of importance:	
May 1,1923	Gastroenterius	1 year
	1915	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	REC	Ь	Txac	
MARGIN RESERVED FOR DIVIDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	mation should be carefully supplied. AGE should be stated EXACTLY. P	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac	
ron p	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
3	HIS	be	pe	Jo
ENA	K-T1	plnode	t may	1 back
TATE OF	NG IN	AGE s	that i	ions on
ANGIL	UNFADI	pplied.	terms, so	instructi
TAT .	WITH	fully su	n plain	nt. See
	INLY,	be care	EATH in	importa
	F PLA	plnods	OF DI	very
	-WRITI	mation	CAUSE	TION is

N. B.-WRITE

t statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10018
1. PLACE OF DEATH	E 1 1141 PA (59)
County allegung.	Registration Dist, No.
Village or City Crambaland (If	No. Manager of the No. 1 Ward death occurred in a hospital or institution, give its NAME justed of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant Langlas	If U.S. Veteran specify WAR
(a) Residence: No. 19/12 Brown (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) San 15 36	i last saw h 2 alive on 2 10 10 10 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Clebrity Trenduity Date of offset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Jadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of Importance:
13. NAME Trand Nonglas 14. BIRTHPLACE (city or town) (State or country)	
(State of country)	Name of operation Date of What test confirmed diagnosis Clement Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, Where did injury occur?, 19
17. INFORMANT Archard Douglas (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place All Almoha Line Date // 16 , 1936	Manner of Injury
19. UNDERTAKER Anno Stern One. (Address) Compressional	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CHA 16, 1936 Jak Parkly M. K. Registrar.	(Signed) M. D. (Address) Changles and M. G.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and felated causes of importance were as follows: VED	Date of onset	The principal cause of death and related causes of importance were as follows:		
		Attack of epilepsy	1 week ago	
Chronic interstitial nephrits 5 1926	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FIRE W. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones Ma		Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should County Village or City Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or____min. . Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... may 10. Date deceased last worked at 11. Total time (years) this occupation (month and yaar) ______ Last. Li occupation. 12. BIRTHPLACE (city or (town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation_____ (State or country) carefully MOTHER 15. MAIOEN NAME .E DEATH 16. BIRTHPLACE (city or town) ---(State or equntry) plnoys 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mix LION Nature of injury 19. UNDERTAKER (Address) If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs._____mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH HEREBY CERTIFY. That I attended deceased Date to have occurred on the date stated above, at 1/300 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Contributory Canses of importance: What test confirmed diagnosis?_____ Was there an aulopsy?___ Was there an aulopsy?___ 23. If death was dua to external causes (VIOLENCE) fill in also tha following: Date of injury Serve Z.Y. 19. Accident, suicide, or homicides Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	li li	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAP 3 1936	July 5,1927	Peritonitis	3 days ago
RUREAU V. S	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3 ·	

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FOR	IS A P	stated
MARGIN RESERVED FOR BINDI	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTL
	-WRITE PLAINLY, WITH	mation should be carefully

PHYSICIANS should state Exact statement of OCCUPA.

classified.

certificate. properly

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLAI

V. S. No. 1

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1.5	11	1.7	5.00	()

1. PLACE OF DEATH		(11=0)	1
County Allegan	. Y	Registration Dist. No.	,
Village or City Cyc	ch Ridge Nr. Flint	storne st	Ward
	J (Ir	death occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or town where	death occurred wrs. mos		
2. FULL NAME	mas . T. cea	If U. S. Veteran, specify WAR	
(a) Residence: No.	Yx flintstone (Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATI	Н
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Trulas 13th	22. I HEREBY CERTIFY, That I attend	11112
6. DATE OF BIRTH (month, day, and year)	nened 1004 1869	I last saw h and alive on 19:	36, death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
66 9.	28 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER	and sugar		Date of ouset
SAWYER, BODKKEEPER, etc.	necressing ingui		
Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	nercon Car eo	I han Chief Tremmon	a
kind of work done, as SPINNER SAWYER, BODKKEFER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		Jun /
00:00	10/1/	Dther Contributory Causes of importance:	1.
12. BIRTHPLACE (city or town) - (State or country)	aupper	Harb F.	
13. NAME Thomas M	ilson Elder) Due japa	
13. NAME THOMAS IN THE 14. BIRTHPLACE (city or town)	1 Island	Name of operation Date	of
(State of country)	7100	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Elyaber	on schooler	23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
6 16. BIRTHPLACE (city or town)	colland	Accident, suicide, or homicide? Date of injury	, 19
State or country)		Where did Injury occur? (Specify city or town, county and	
17. INFORMANT Superitation (Address) Wintation	m Colde	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION FOR REMOVAL. Place Mulatolphica	Page Jan 1935	Manner of injury	
19. UNDERTAKER John Co	Wolford mid	24. Was disease or injury in any way related to occupation of deceased	7
1 6.0	D. H	If so, specify (Signed)	L M D
20. FILED four 10-, 19 30	7 January Registrar.	(Address) Haucock	ma,

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. mos ds. How long In U.S. if of foreign hirth? vrs. mos. PHYSICIAN 2. FULL NAME (a) Residence: No If nonreddent give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified 5a. If married, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of ____ 19______ to________ 19______ 19_____ 6. DATE OF BIRTH (month, day, and year). If LESS than 7. AGE to have occurred on the date stated above, at_____m I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of enset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER. RESERVED of SAWYER, BDOKKEEPER, etc._ plnous back 9. Industry or business in which may work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation _____ instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town (State or country) FATHER See Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? _____ Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: ii. Accident, suicide, or homicide?______ Oate of injury_____, 19_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnoy 17. INFORMANT very OF (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE Ald Date mation Nature of Injury. TION 24. Was disease or injury in any way related to occupation of deceased?_____ 19. UNDERTAKER (Address) If so, specify Registrar.

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S. No.

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	Example I		Example II	
The principal cause of of importance were as	death and related caused follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FMQ 9 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis PCD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUPPAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. E.	be carefully supplied. AGE should be stated EXACTLY. PHYSICI	EATH in plain terms, so that it may be properly classified. Exact staten	
	NT RE	LY. I	d. Exa	
NDI	RMANE	XACT	classifie	
MARGIN RESERVED FOR BINDI	S A PE	tated E	roperly	ertificate.
ED J	HIS	pe s	be p	of ce
SEKV	NK-T	plnods	it may	n back
KE	ING I	AGE	that	tions o
AKGIL	INFAD	pplied.	erms, s	instruc
N.	TTH (ully su	plain 1	t. See
	INLY, W	be caref	EATH in	important. See instructions on back of certificate.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH WITHIN CORPORATE LIM County Allegany Registration Dist. No. No. Memorial Hospital St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Cumberland Length of residence In city or town where death occurred _____yrs, ______mos, _____ds. How long in U. S, if of foreign birth? ______yrs. _____mos, _____ds. 2. FULL NAME MARGARET If U. S. Veteran, specify WAR Ward. Romney If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word)
Single Female White 5a. If merried, widowed, or divorced HUSBANO of That I ettended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Months **Oevs** If LESS then to heve occurred on the dete steted above, et. 1 dev.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importence or____min. Data of onset 8. Trede, profession, or perticular OCCUPATION kind of work done, es SPINNER, Teacher SAWYER, BOOKKEEPER, etc., 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc..... Q. Oate deceased last worked et this occupetion (month and 11. Totel time (years) spent in this yeer) _____ occupetion ____ 12. BIRTHPLACE (city or town) (Stete or country) FATHER 14. BIRTHPLACE (city or town). Name of operation ____ (State or country) What test confirmed diegnosis?_____ Wes there an autopsy?____ MOTHER 15. MAIOEN NAME A 23. If death was due to external causes (VIOLENCE) fill in also the following 16. BIRTHPLACE (city or town) (Stete or_country) Where did injury occur?___A_ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL CREMATION, OR REMOVAL Neture of injury 24. Wes diseese or injury in any wey releted to occupation of deceesed?____ 19. UNDERTAKER If so, specify (Signed) 20. FILED and 20. 133 Registrar. (Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis LB 7 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1.00			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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1. PLACE OF DEATH	Unteido o	CERTIFICATE V	OI DEATH	0020
200.	outoins 0	93-6	B 11 11 B1 11	
Village of City Combuland	Gity Limit	S No. Frankform	Registration Dist. No. Buffind Red. tion, give its NAME instead of street and	Ward
Length of residence in city or town where death occurre			f foreign birth?yrs	
2. FULL NAME James List	ley trach	ul If U.S. Veteran,	specify WAR	
(a) Residence: 646. Budford. (Usual	place of abode)	St., Ward.	If nonresident give city or town an	d Stale
PERSONAL AND STATISTICAL PA		MEDICAL CI	ERTIFICATE OF DEATH	
	MARRIED, WIDOWED, ORCED.(write the word)	21. DATE OF DEATH	(Month) (Day)	, 193. 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	_	22. I HEREBY	CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, end year)	9 18616	last saw h Are alive on	4. 1 0 3	; deeth is sald
7. AGE Years Months Day		to have occurred on the date state	d above, at 3 4 Am.	
74 8 4 12	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	'H and related causes of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ners.	arterio -	Sclaroni	1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	hied			
11. To. Date deceased last worked at this occupation (month end year)	Fotal time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Budford (State or country)	Co-pa.	Other Coatributory Causes of impo	Ald blir	1930
13. NAME Isauc Jushles			access Const	
13. NAME Ysauc Fushly 14. BIRTHPLACE (city or town)		Name of operation	Dete of_	
(State of country)	60	What test confirmed diagnosis?	Wes there an	autopsy?
15. MAIDEN NAME Harrett 9	isher	23. If death was due to externel cau	uses (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME Harsette & 16. BIRTHPLACE (city or town) (State or country) Becker	ha		Dete of Injury	, 19
D. A	X did Morthers	Where did injury occur?	(Specify city or town, county and St n INDUSTRY, In HOME, or in PUBLIC P	
(Address) Translature	mil	Control injury coccined in		
18. BURIAL, CREMATION, OR REMOVAL	1 21 -1	Manner of injury	********************	
Place User an Genely Date J.	and/	Nature of injury		
19. UNDERTAKER Jania Stain 7	····	101	ay related to occupation of deceased?	140
(Address) Combined	and	If so, specify	dan Potrasi	1
20. FILEBOARD 2 0, 1936 Call Old	Registrar	(Signed) (Address)	ubert aux	and. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 00024
	Registration Dist. No. 9. W. St., 6. — W. St., 6. — W. St., 6. — W. McGalli occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Stallow Place of abode) (a) Residence: No. 80 Stallow Office of abode)	s. ds. How long in U.S. if of foreign birth? yrs. mos. mos. specify WAR. If U.S. Veteran, specify WAR. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE WHI TE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED.(write) be word)	21. DATE OF DEATH JANUARY 13 1936 (Day) (193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs	THE I KINCII AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Were as follows: (Maternal belonging) Date of or Batha where a applying.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this	
cumberian (month and spent in this occupation (month and year)	Other Contributary Causes of importance:
~	
T MINITED TO THE STATE OF THE S	Name of operation Data of
[14. BIRTHPLACE (MAGRICALD) AND (State or country)	What test confirmed diagnosis? Was there an autopsy? -
# 15. MAIDEN NAME GERTRUDE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME GERTRUDE 16. BIRTHPLACE (city or town) MARYLAND (State or country)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT MEMORIAL HOBPITAL (Address) CUMBERLAND, MD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL / Place HILL yest Date & AW 13, 186	Manner of injury
19. UNDERTAKER Dolan Woefund	24. Was disease or injury in any way related to occupation of deceased?
Modress cumberfand and	If so, specify
20. Franklin March 13 136 Jas Potranklin Mars	(Signed) Mught Agyman

9	Registration Dist. No. 4
-	N Mensual Mark St., 6-1 Ward
S.	dealth occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
-	If U. S. Veteran, specify WAR
_	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	JANUARY I3 1936 (Day) (Yaar)
	22. I HEREBY CERTIFY, That I attended deceased from
_	Jan 13, 1936, to Jan 13, 1936
	I fast saw hear alive on Jan 13 , 1936; death is said
	to have occurred on the date stated above, at 12.02m. A. M.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	(Maternal Celampsia.)
	Istra uterine asphysica.
	Other Cartes between Course of immediates
	Other Contributary Causes of importance:
	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
4	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
	Natura of injury
	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) Thurshi Reywords M. D.
	(Address) 1225 Centre &
-	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , 5 , 5 , 5 ,	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S	1 2 2		
Other contributory causes of importance:	and a second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00025
1. PLACE OF DEATH	CORPORATE LIMITS (3)
County Allegary WITHIN	Registration Dist. No. 4
Village or City Confirmation	Mo. Mount Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cristian Has	If U.S. Veteran specify WAR.
(a) Residence: No. Standing and	2/SL, 5 Ward.
(Usual place of prode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curric the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE OF, FRANCES FRANCES	22. I HEREBY CERTIFY, That I attended deceased from January 21. 19 36, to January 22, 19 36.
6. DATE OF BIRTH (month, day, and year) See 37-899 7. AGE Years Months Days If LESS than	I last saw h.L.m. aliva on
37 3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chance Kethirle
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	Other Coutributery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	trenia 20/2
13. NAME William Frey	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Sylvania Miller	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city/or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mars & rayieer Jungy (Address) Gumberland Mil	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL BURIED Date Page 24, 1936	Manner of injury
19. UNDERTAKER Auffin Slegic Fuer (Address Links Fred Jud)	24. Was disease or injury in any way related to occupation of deceased?
20. Fred an 213, 1936 Jos T. Orankli M. Registrar.	(Signed) M. D. (Address) Camber dan de Mile
YC U. 1 11 11 C D	. 37 Ot 1 C P. 1. P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- ()	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 7 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The second and second and second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



V. S. No. 1

IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-	certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	RPORATE LIMITS
County allegany 1	Registration Dist. No.
Village or City Comments	No. 401 Columbia St., 3 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME fough by Bratensi	Esav If U. S. Veteran, specify WAR
(a) Residence No. 401 Columbia	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write, the word)	(Month) (Day) , 193 (Year)
5a. If married, widowed) or divorced HUSBAND of	
(or) WIFE of Margaret Slacer	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 75 1866	I last saw h alive on
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 5.15.4 m.
69 8 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
-9. Trade profession or particular	Chronic Myocardin Date of onset
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Malquanny of bines (8 mm)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	1
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) In Sarage 7	Other Contributory Causes of Hillportance.
(State or country) And	
13. NAME Instruction and tenstern	
14. BIREHPLACE (city or town)	Name of operation
(State of Coulty)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mangarel Inorday	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Services (State or country)	Accident, suicide, or homicide?0ate of injury19
1 to back the	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT INDIAN (Address)	Specify whether injury occurred in Tribustry, in nome, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Storate to Lando fin pate 1 21 , 1936	Nature of injury
19, UNDERTAKER downs Stern Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Addiss) Commentaria	If so, specify
20. Euto and 20, 1936 post translum.	(Signed) ff Character M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis F. E.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:	non	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOXD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00027
1. PLACE OF DEATH WITHIN CORPO	BATE LIMITS 940
County Allegany.	Registration Dist. No.
Village Dr City Cranheland	No. Allegang Hattal St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Hammell	If U. S. Veteran, specify WAR
(a) Residence No. 4375 Paca (Usual place of abode)	St., / Ward. Baltimore Ind. V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mara Anita, Wannell	22. HEREBY CERTIFY, That I ettended degased from
(or) WIFE of //www.	January 18, 19.3 h, to Laurenz 19, 19.3 h
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2.3.5.m.
41 10 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Chausbeard	
Z A SHITEH, DOWNELL EN, OU.	augus lactoris 1,1931
Q. Work was done as CILK MILL	
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation cocupation	
Par Control of the Co	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	bl. mucastt.
13. NAME Unknown	blu- Myseardalia Jyla
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to extarnal causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Whare did injury occur?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place Remove and Date / 20, 1936	Manner of injury
Jonis Steri 1 2 no.	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER AMU SULM SILL	If so, specify
(). OF 11 ml	(Signad) Luce H. Octable M. D.
20 HEOREN & O., 1934 Jan Mangley M. Registrar.	(Address) burnberland Tud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 177 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	L SPACE FOI	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
Letter - 7	nary Ma	morell	3-5-36		
	0		1		

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

DR.C. L. OWENS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis []	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
			1	
Other contributory causes of importance:	- Он То	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		L		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—CER	TIFICA	TE C	DF	DEATH
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6.0929

1. PLACE OF DEATH	- ion
County allegans . WITHIN CORPO	RATE LIMITS Registration Dist. No.
Village or City annholand	Notagles Home h. muchine St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 50 yrsmos.	ds. How long in U.S. if of foreign birth? 5.5. yrs. mos. ds.
2. FULL NAME Joseph Hasilvergu	
(a) Residence. No. 608 2. Josephania (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of many me Kinna.	22. I HEREBY CERTIFY, That I attended deceased from
1 1. 10-14 11-12	, 19, 10, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the data stated abova, atm,
/ 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Oate of oneet
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	CJ: January St. St. Com
Industry or business in which	Fell down steps at
work was done, as SILK MfLL, SAW MILL, BANK, etc	Eagle Solve home +
O 10: Oata deceasad last worked at this occupation (month and year) year)	Controling of Bldg
) Jean)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Surguland	
13. NAME Andrew Itaselberger	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME CANTAN Russeller 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicides Date of injury 3/1936
(Stata or country)	Where did injury occurs (Specify city or town, county and State)
17. INFORMANT STRAM Haselberger.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury celled several aliefs
Place Sto Villa & Vanla Com Oate 1 31, 19-36	Nature of injury Tractured sheet
19. UNOERTAKER AFTEN Stim I Ine	24. Was disease or injury in any way related to occupation of deceased?
(Address) Comberland	If so, specify
20. Fleet lean 30 136 Ja P. Franklind	(Signed) and Streem for Moran 1 100.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

100	Example I	-	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FFR	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis 1330	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURPAU V. S.	July 5,1927	Peritonitis	3 days ago
	and the state of t			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Every item of infor-

> stated EXACTLY. properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

V. S. No. 1

be

AGE should

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	I. PLACE OF DEA	ТН	WIT	HN CORPOR	PERMIT	TTO (93	3-0		HUIDO
	County Al	Legany			ALL DE PRIME	110		on Dist. No	4
	Village or City	Cumberl	and. Md		No	410.	Columbia.	S1	Ward
							or institution, give its NA		
			ausman.	yrsmos			U.S. if of foreign birth?		mosus.
1	2. FULL NAME				If U	J.S. Veters	an specify WAR	,	0.00.00.00.0000000000000000000000000000
	(a) Residence: No.	Cumberl	and. Ma		St.,	Ward.	16	ent give city or tow	16
gentrate	PERSONAL AN	ID STATIST	(Usual place		1	MEDIC	AL CERTIFICA		
3.		OR OR RACE		RIED, WIDOWED,	21. DATE		TU		
_	Female	White	OR DIVORCE	D. (write the word)			Jan. (Month)	14th.19	36 , 193 (Year)
5a	. If married, widowed, or div HUSBAND of (or) WIFE of	Jacob .H	ousman.		22.	HER	EBY CERTI	Ft. That I atte	
6.	DATE OF BIRTH (month, da	ay, and year)	Mar. 2	4.1864	I last saw h	alive	on Jan 1		36; death is said
7.	AGE Years	Months	Days	If LESS than			ate stated above, at 10		
	71	9	21	I day,hrs.	The PRINCIPA		OF DEATH and related o	auses of Importance	Data of onset
NOI	8. Trade, profession, or p kind of work dona SAWYER, BOOKKE	oarticular , as SPINNER, EPER, etc	A	t Home	acut	ē Ca	diac De	Patation	Jan 19/2
OCCUPATION	9. Industry or business i work was done, as SAW MILL, BANK,	n which							
000	10. Data daceased last wo this occupation (mo year)	orked at	11. Total t	ime (years) nt in this upation					
	UNIX III		Md		Other Cantrib	utary Causes	of Importance:	•	100
12	. BIRTHPLACE (city or town (State or country))	n c		Choon	4 A	tyocaste	A	
œ	1	nrad. Ha	ndle.		art	right	anis		
FATHER		Ger	many				None		
FA	14. BIRTHPLACE (city or t (State or country)	own)			Nama of opera		. A tony	P W AL	e of
2		Christie	.Steel		What test con		1		re an autopsy?
MOTHER	To maper to me	Gern					ernal causes (VIOLENCE		
MO	16. BIRTHPLACE (city or t	own)			Where did inju			Date of injury	, 19
		A.F.Nels	on.					y or town, county as	nd State)
17		umberlar			- Specify wheth	er injury occ	curred in INDUSTRY, in	HOME, OF IN POBL	TO PLACE.
18	B. BURIAL, CREMATION, OR				Manner of inj	urv			
	Place Gree M	ount	Date_Jan	.16.1936	- Nature of Inju				
19		John.C.V	Volford			-	in any way related to oc	cupation of decease	d? Va
_	(Address)	Cumberla	and. Md		If so, specify		1.021	0.00	
20	FILED TELL 15.	193 6 Ja	J. Fan	ankly 3	(Signed)		WK HO	al also	9/1 - M. D
	//	//		Recistrar.	(1	Address)	unoser	and 1	1/20

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7 1836	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDI	
FOR B	
RESERVED	
MARGIN I	

	MARYLAND-	CERTIFICATE OF DEATH	1031
1. PLACE OF DEATH	WITHIN COR	PORATE LIMITE (65)	1
County Allegany	WITHINGON	Registration Dist. No.	7
Village or City Ones	Merkand	No. 27 St., si death occurred in a hospital or institution, we its NAME instead of street and	
Length of residence in city or town whera death	01	ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Normald	& Hawles	If U.S. Veteran specify WAR	
(a) Residence: No. 22/ 2	ils	St., 3 Ward.	
	(Usua) place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL 3. SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDDWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
male White	R DIVORCED (write the word)	(Month) (Day)	, 193 6 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended 1936 to Sun 14	deceased from
5. DATE OF BIRTH (month, day, and year)	1 16 1914	Harraw ham alive on Jan 014, 1936	; death is said
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
21 5	## 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,			
SAWYER, BDOKKEEPER, etc.	ma	Bacterial Enducardition	- leg
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and		Julius Ju	15
	11. Total time (years) spent in this		1833
year)	occupation	Dther Contributory Causes of Importance:	su.
12. BIRTHPLACE (city or town) (State or country)	·	aprime gla	Chil
1 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.11	1	livrel
		Name of oparation Date of	
14. BIRTHPLACE (city or town))	What test confirmed diagnosis? Was thera an	
15. MAIDEN NAME Jessie	Zelle	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
16. BIRTHPLACE (city or town)	/	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	1.	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT MAS Tha The	when	Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	1/17 21	Manner of injury	
Place MALATICA CAMA DE	ata	Natura of injury	
19. UNDERTAKER AT MISS Stan	v Ine.	24. Was disease or injury in any way related to occupation of deceased?	
(Aldress)	trade of a	If so, specify	
20. FILEDOS 16 , 196 , 196	Marklan M h	(Signed) (Address)	M. D.
1		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
-111	*	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



V. S. No. 1

1. PLACE OF DEATH	JI MARTEARD	-CERTIFICATE OF DEATH	01
County Village or City 3	allering ud	Registration Dist. No. No. 7 Auction St., If death occurred in a hospital or institution, give its NAME instead of street and	Wai
Length of residence in city or town where	death occurredsmo	ds. How long in U.S. if of foreign birth?rsm	
2. FULL NAME Sale	in Bruce	Hayes	
(a) Residence: No. 7 CC	(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Curvie 740	Johns Hayes	22. Jan 18 CERTIFY, That I attended	deceased fr
6. DATE OF BIRTH (month, day, end year)	June 10, 18070	Vlast saw h Lim elive on Jan 25 , 103	; death is s
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 700 A.m.	
65 7	8 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of one
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The inch	() ×p	
		Vinlumonia, vorar	1/18/
9 Industry or business in which work was done, as SILK MILL, C	oal your		-
SAW MILL, BANK, etc	11. Total time (years) spent in this 404		
year) Jan 173	occupation 4-09	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	rolling		
E 1 12 MART D	276	_	
Ī	A	Neme of operation Date of	
14. BIRTHPLACE (city or town) (State or country)	and:	What test confirmed diagnosis? Plinical Wes there an	eutopsy?
# 15. MAIDEN NAME Sizo	alexander	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
16. BIRTHPLACE (city or town)	ageistown	Accident, suicide, or homicide? Date of Injury	
State or country)	oud.	Where did injury occur? (Specify city or town, county and St	
17. INFORMANT Beverly (Address) (3944)	Hayse	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC Pl	ACE.
18. BURIAL, CREMATION, OR REMOVAL	or troubling by	Manner of injury	
Place allegany be	141 Date Jan - 2 8 1/193	Nature of injury	
19. UNDERTAKER CADE	Hafer	24. Was disease or injury in any way related to occupation of deceased?	20
1		(Signed) Cleb W. Steller &	14

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis - Fin 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		SECTION STATES	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	النافار
1. PLACE OF DEATH	(93-c)	
County allegany	Registration Dist. No.	
Village or City Fastburs wa	No. 217 % a St., death occurred in a hospital or institution wive its NAME instead of street and num	Ward
Length of residence in city or town where death occurred mos.		
2. FULL NAME Thornton Price	Hays	
(a) Residence: No. 217 Was place of abode)	St., Ward. If nonresident give city or town and Ste	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (writeshe word) Widowed	21. DATE OF DEATH January (Mooth) (Dey)	193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Lycha Winebenner Hays	22. I HEREBY CERTIFY, That I attanded day	ceased from
018600 1 0	000000000000000000000000000000000000000	deeth Is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.'20 Am.	Jee(II 12 291
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of onset
Solvede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	My ocardidis, Chronic	1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Social de	
10. Date deceased last worked at this occupation (month and year)		Kuse
12. BIRTHPLACE (city or town) Crescy Solow	Other Contributory Causes of importence:	
(Stata or country)	Moncho preumowa	1936
13. NAME Samuel I. Haya.		
14. BIRTHPLACE (city or town) Crasa stown Ind	Name of operation Data of Data of	
(Stata of country)	What test confirmed diagnosis? Clerical Was there an auto	opsy?_?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury	, 19
State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT has John Hofan (Address) 21 My able S.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place allegang Cemelengate Jan 19, 1936	Neture of injury	
19. UNDERTAKER acol Staler (Address)	24. Was disease or injury in eny way related to occupation of deceased?	20
20. FILED Jan 19, 1936 a.R. Walker	(Signed) Clean, Steles W. (Address) Frostowner, Maryland	M. I
	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1248)
County allegany WITHING	Registration Dist. No.
Village or City Amelon and are	No. 30 7 Belts avs., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foralgn birth?yrsmosds.
2. FULL NAME Many mullen Hers	Man If U. S. Veteran, specify WAR
(a) Residence: No. 307 Baltimore Or	St. 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
TEnalo While OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Watter & Hernden	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Clast saw h. elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 45 pm.
49 11 16 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Brongho Inemmony 1.263
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	
10. Date decaasad last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) Reedered (Stete or country)	Other Contributory Causes of Importence:
~ (10	
13. NAME John Mullen	
(Stata or country)	Name of operation Date of
15. MAIDEN NAME Bridgest Jean	What tast confirmed diagnosis? Was there an autopsy? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accidant, suicide, or homicide?
2 16. BIRTHPLACE (city or town) Selected	Where did injury occur?
17. INFORMANT Walto Ettruden (Address) Environment Sug	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD Place of at a pare place 2, 1936	Manner of injury
19. UNDERTAKER Louis Steen Luce,	24. Was diseasa or injury in any way ralatad to occupation of daceased?
(Address) Cumbriland and	If so, specify
20. FILED	(Signed) f Character M. D. (Address) framhaland 34 A
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

201

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Example 1	11	Example II		
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		**		
Other contributory causes of importance:	Tare The said	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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STATE OF MA	RYI AND-	CERTIFICATE	OF	DEATH	1, 112 -
SIAIE OF MA	RILAND	CENTILICATE		DEATH	1111111

Stal UPA	1. PLACE OF DEA	TH	-			128		./
occ occ	CountyA1	legany	WITH	IN CORPOR	ATELLIMITS.	Registra	tion Dist. No	4
-	Village or City	Cumberla	and Md.			rial Hospi		-/ Ward
0	Length of residence in	city or town where	death occurred			pital or institution, give its N g in U.S. if of foreign birth		
YSICIANS	2. FULL NAME					. Veteran, specify WAI		
aten /	(a) Residence: No.				St., Wa			
level	(a) Nesiderice. ND.		(Usual place of				ident give city or town	and State
Exact	PERSONAL AI				-	ICAL CERTIFICA	ATE OF DEATH	1
×	Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed			21. DATE OF E	January. (Month)	15,	, 193 <u>36</u> (Year)	
assified.	5a. If married, widowed, or div HUSBAND of (or) WIFE of	rorced intta Bu	atler		2 1 HE	EREBY CERT	IFY. That I attend	ded deceased from
X To	6. DATE OF BIRTH (month, d	av and vear)	Unknown	1882	I last s w h	alive on 4-14 O	4 4 30 19.	death is said
2 8	7. AGE Years	Months	Days	If LESS than	to have occurred on the	he data stated abova, at9	:17A_m.	
stated proper	54			1 day,hrs. ormin.	The PRINCIPAL CAU	ISE OF DEATH and related	causes of importance	7 Date of onset
be s of ce	Z k. Trade, profession, or kind of work dona SAWYER, BOOKKE	particular , as SPINNER,	Tilo man o m		Aruea	nhagre	auerra	illi
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should it may n back	work was dona, as SAW MILL, BANK	SILK MILL,				Title 1	wage	
- 10	SAW MILL, BANK To Data dacasad last w this occupation (m	onth and	11. Total tim	in this	No Constitution	of fer	rea	//3
AGE so that ctions c	year)		оссира	ation	Dther Contributory Co	auges of importance:	10	0.
so so	12. BIRTHPLACE (city or town (State or country)	12. BIRTHPLACE (city or town) (State or country) Maryland				1 20	g,	7.30
upplied. AGE terms, so that instructions					Jus	10-1P	16/2016	- 4
= +	I .				Name of operation	2000	206	
·= 00	14. BIRTHPLACE (city or (Stata or country)		any			diagnosis?	Was there	
efully su in plain ant. See	当 15. MAIDEN NAME Caroline Gorr,					external causes (VIOL EN		
	16. BIRTHPLACE (city or town)				Accident, suicide, or h	homicide?	Date of injury	, 19
ld be car DEATH y import	16. BIRTHPLACE (city or (Stata or country)	Maryla	ınd		Whera did injury occu	Ur?(Specify c	ity or town, county and	State
	17. INFORMANT Memo:				Specify whether injur	y occurred in INDUSTRY,	in HOME, or In PUBLIC	PLACE.
should OF D	(Address) Cumb		ld.			*******		
SE (SE	Place Dellanger med Date Jacob 17, 186				Manner of injury Nature of injury			
nation s CAUSE TION is	19. UNDERTAKER Omnteshing (Address) 20. FINDAM 16. 1836 Dan Frankl. m. U					ury in any way related to	occupation of decement?	
EOF					If so, specify	3,		
(2)					(Signed)	MHa	within	2
(1)	20, 111,000	,100		Registrar.	(Addrass)	Cu	wood	Med,
Hawki	ns	If more	blanks are needed, add	dress State Registrar,	2411 N. Charles Street, I	Baltimore, Requesting V. S	. No. 1.	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis [1 1921 Run over by street car 1 week ago Cerebral hemorrhade July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

info	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	1
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOND. Every item of info	ls u	SE (TION is very important. See instructions on back of certificate.
VRI	ation	AUS	ON
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r e r

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?... 2. FULL NAME mes If U. S. Veteran, specify WAR (a) Residence: No. / O (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGUE MARRIED. WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 0 or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation_ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?, ----- Was thera an autopsy?___ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANZ (Address) 18. BURIAL, CREMATION, OR REMOS Manner of injury Place Date Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	ses Date of onset	
Arteriosclerosis	La Francisco	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEb 7 1986	July 5, 1927	Peritonitis	3 days ago	
	5, V. S.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1037
	County Many	WITHIN CORPO	PRATE LIMITS Registration Dist. No.	4
	Village or City Secret		No. Alles St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U. S. tof foreign birth? yrs. m	
	2. FULL NAME Many as (a) Residence: No. 327 as	m Hite	If U. S. Veteran, specify WAR	
-	PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and	State
3.	SEX 4. COLOR OR RACE 5.	SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF PEATH	, 1936
5a	. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attended	deceased from
	DATE OF BIRTH (month, day, and year)	ept 13 1934	I la Jaw h alive on 19 19	; death is said
7.	AGE Years Months	Days If LESS than / 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	nne	acuta brush quemma	1-15-21
OCCUPAT	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this		
HER HER OC	BIRTHPLACE (city or town) Comm	herland J	Other Contributory Causes of Importance:	
ER ER	(State or country)		-	
FATH	14. BIRTHOLACE (city or town)	idford fa.	Name of operation Date of What test confirmed diagnosis? Was there an i	
MOTHER	16. BIRTHPLACE (city or town) (State or country)	Burns and Ind	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	3:
	(Address)	Hertend.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
2	BURIAL, CREMATION, OR REMOVAL	ate 1/21,1936	Manner of injury	
19	UNDERTAKER Arms Stein	Ind.	24. Was disease or injury in any way related to occupation of deceased?	
20	100 20 , 100 Jan	Hranklen M. Registrar.	(Signed) (Address) 6 & Baltimore Requesting T) S. No. 1	M. D.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County (Clayaux)	Registration Dist. No.
Village Dr City 141	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME KILLER & JARAC + 1	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
11/185/	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows: Date of onset
8. Trade, Polektion, or particular kind of work done, as SPRINNER, SAWYER, BODKKEEPER, etc.	
9 Industry or business in which	
SAW MILL, BANK, etc.	
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year) occupation occupation	Dther Contributary Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME TO CALL TO THE STATE OF THE STATE O	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMES MINO F. NOW YOU	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TOWN 1. 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Quina F. Adulta St. M. (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place / 1 Date / 1906	Nature of injury
19, UNDERTAKER I I NUTAL	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hasting ma	If so, specify
20. FILED / 193 H Shouttur MA Registrar.	(Signed) A CONTROL M. D. (Address) M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER ST	FATEMENTS B	BY PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County_ Registration Dist. No. Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long is U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Zan (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) ----, 19... 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at _______ 1 day, hrs. or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and occupation ___ 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis: 15. MAIDEN NAME 23. If death was dua to external causes (VIOL ENCE) fill in also the following: MOTI Accident, suicide, or homicide?_______ Date of injury_______ 19 OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL, CREMACION, OR REMOVAL Manner of injury CAUSE Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

BIND

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

66640

1. PL/	ACE OF DEA	тн			(86-0)
Cou	ounty Allegany WITHIN		WITHIN	CORPORATE LIMITS Registration Dist. No.	
		Cumberla		(1	No. Nemorial Hospital St. 6 -/ Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Len	gth of residence in o	city or town where de	eath occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FUI	LL NAME	Thomas 3	J. James	3	If U. S. Veteran, specify WAR
(a)	Residence: No	99 Bros	Usual place	of abode)	St., Ward. Frostburg, Md. If nonresident give city or town and State
PE	ERSONAL AN	ND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	***	hite	s. single, mari or divorced Marrie	(write the word)	21. DATE OF DEATH January 2, 1936 (Month) (Day) (Year)
HUSB	iad, widowed, or div ANO of VIFE of Ar	orcad nie Hari	tig		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE O	F BIRTH (month, da		ılv 15	1826	1 2 - 16 - 1935, to -2 - 1936 1 1 1936
7. AGE	Years	Months	Days	If LESS than	to have occurred on the data stated above, at 8:05m, A.M.
	59	5	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
N G In	A Trade profession or particular			3	Contusion & rupture of Date of onset
L PAT	dustry or business i work was dona, as SAW MILL, BANK,				A A
	ta deceased last we this occupation (myear)	orked at onth and		ma (years) It in this pation	Cardia Miombosis since
	PLACE (city or town				Other Contributory Causes of importance:
企 13. NA	me Mark	James			my in and algundaning
13. NA 14. BIF	RTHPLACE (city or t (State or country)	own) Engla	and		Name of operation Mental William Date of 12 27-3: What test confirmed diagnosis Was there an autopsy? 1100
от ш 15. мА	IDEN NAME	Catherin	ie Jones		What test confirmed diagnosis
15. MA	RTHPLACE (city or t (State or country)		}		Accident, suicide, or homicide? Where did injury occur?
17. INFORM		orial Hoberland.			Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL	, CREMATION, OR		Data Pare	14 1935	Manner of injury Arom John Manner of injury Arom John Manner of injury Arom John Manner of injury Arom Manner
19. UNOERTAKER I December 1		1	24. Was disease or injury in any way related to occupation of deceased?		
(Address) The salkers of the			mag 3	7	if so, specify Ill autolic A A M D
20. FU.ED	an 2.	19.3.2. Als	Jes a	Registrar.	(Signed) The M.D. (Address) M.D.
		7.0			The state of the s

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Example I	4	Example II The principal cause of death and related causes Date of onset of importance were as follows:	
The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

V. S. No. 1

ż

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

Exact statement of OCCUPA-

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

STATE (OF MARY	LAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH			90-20	
County Allega	ny WIT	HIN CORPO	PRATE LIMITS Registration Dist. No.	
	rland. M		444 Goetherost	ard
			death occurred in a hospital or institution, give its NAME instead of street and number)	
	ra. Johns		ds. How long In U.S. if of foreign birth?yrsmos	_ds.
Z. FULL NAME			If U. S. Veteran, specify WAR	
(a) Residence: No. Cumbe	rland. M	d	St., Ward.	
PERSONAL AND STATIST	(Usual place o		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	population
3. SEX 4. COLOR OR RACE	5. SINGLE. MARR		21. DATE OF DEATH	
Female White		(write the word)	2/ 193 6	
5a. If married, widowed, or divorced	1 27110		(Month) (Day) (Year)	
HUSBAND of Or WIFE of			22. 1 I HEREBY CERTIFY, That I attended deceased	rom
	7 2 00 7	U70	1936, to NAC 2 7 , 193	1 Kg
6. DATE OF BIRTH (HIGHLI, day, and year)	Feb.29.1		1 lagt saw h W aliva on Nec 22 1936, death is	said
7. AGE Years Months	Days 2	If LESS than 1 day,hrs.	to have occurred on the date stated abova, at	
		ormin.	were as follows:	set
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	At	Home	Truna Ofungianou	
9. Industry or business in which			(J	
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)			
this occupation (month and year)	speni	tin this	8	
	Md		Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)				
II 13. NAME John . C . Jo	hnson.			
13. NAME JONN • C • J C	Mo		Name of operation	
(State of Country)			What test confirmed diagnosis? Was there an autopsy?	
E 15. MAIDEN NAME Louse	. Jackson	1.	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
D 16. BIRTHPLACE (city or town)		Md	Accident, suicide, or homicide? Date of injury19	
(State or country)			Where did injury occur?	
17. INFORMANT Mrs.Geo.Metzner			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Cumberland. Md				
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill	Date Feb	2.1936	Manner of injury	
		, 19	Nature of injury	
John.C.Wolford 19. UNDERTAKER Cumberland, Md			24. Was disease or injury in any way related to occupation of deceased?	l
(Addrass)		If so, specify		
20. FILEOKEL 1, 136 / 4	Sollrans	Elen MA	(Signed)	1. D.
		Registrar.	(Address) / 4 Land	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
EST. LE LES CANADAS A DEBINARIO ANTICO			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County / Lugary WITHIN CORP	ORATE LIMITS Registration Dist. No.
Village or City 1 222 belland	No 406 Na active
	f death occurred in a hospital or institution, give its NAME instead of street and number)
m. + F	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / MILLE 10, John	son
(a) Residence: No. 1406 Decatur	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OB/RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divocced,	(Month) (Day) (Year)
HUSBAND of William Johnson	22. I HEREBY CERTHRY, That I ettended deceased from
(3.) ************************************	Movember 1930 to Jamery 5 1036
6. DATE OF BIRTH (month, day, end year) Lune 6 1873	I last saw h 17 elive on au 4 1986 death is seld
7. AGE. Yeers Months Days If LESS than	to have occurred on the date stated above, at 4
62 W 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done as SPINNER	My ocardet Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
O 1D. Date deceased last worked at	
this occupation (month end year)	
12. BIRTHPLACE (city or town) Farmont	Other Cautributery Causes of importance:
(State or country)	
13. NAME Codward Loavelle	
13. NAME CAWASA COAVELLE 14. BIRTHPLACE (city or town) Farmont	Name of operation
(State or country) W. V.	
15. MAIDEN NAME Carrie Ook	23. If death was due to external causes CIOLENCE) fill in also the following:
15. MAIDEN NAME Arie Doke	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT & Collism Johnson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 406. Decayur It Och	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Jan D., 1936	Nature of injury
19. UNDERTAKER J. J. Bulty	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Imbuland Md	If so, specify
20. FILEDER 6 136 Carl Trucken MD	(Signe) M. D.
Registrar.	(Address) Chamberland, Wo.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago MUREAU V. S. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

3	County Allegany	Registration Dist. No.
220	Village or City Midlothidan	Al-
0		death occurred in a hospital or institution, give its NAME instead of street and number)
statement	Length of residence in city or town where death occurred 22 yrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
Clar	2. FULL NAME Marstina Moor	e somes!
	(a) Residence: No. Midlothian	St. Ward.
	(Usual place of abode)	/ If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of OVER OF ORDER	22. / HEREBY CERTIFY, That I attended deceased from
The state of	Milliam H. Dones	01 1934 10 an 13 1936
	6. DATE OF BIRTH (month, day, and year) Suls 10 1884	I last saw here alive on 113 , 1936; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.30 Pm.
	51 d 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Z 8. Trade, profession, or particular	Date of onset
	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Chronic musearditis
1	9. Industry or business in which work was done, as SILK MILL,	
	SAW MILL, BANK, etc	
	10. Date deceased last worked at this occupation (month and 1934) spent in this occupation 3 2 2466	1
	12 PIRTURI ACT (SILVER) (Buston)	Other Contributory Causes of importance:
	(State or country)	
	13. NAME James Digore	
	14. BIRTHPLACE (city of town) 13 UNION	Name of operation Date of
	(State or country) manufactor	What test confirmed diagnosis
	# 15. MAIDEN NAME Mary Common grane.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
	(State or country)	Where did injury occur?
	17. INFORMANT DIX William St. Sones	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Wadlothiahh ma	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Allegany Cameter gate Jan 19, 1936	Nature of injury
	19. UNDERTAKER DE SICHALORN.	24. Was disease or injury in any way related to occupation of deceased?
H	(Address) Linaconing Gramfan	If so, specify
ı		1.4 11 (11
	20, FILED CUL . 18 1936 a. R. Walker	(Signed) M. D. M. D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Own E	PHYSICI	st state
	NT REC		Exac
INDI	NK-THIS IS A PERMANENT RECORD. E	should be stated EXACTLY.	it may be properly classified. Exact states
SERVED FOR BINDI	IS A PE	stated E	properly
D	HIS	be s	ho
ERVI	VK-T	plnods	it may

OCCUPA-1. PLACE OF DEATH should County__ Registration Dist. No. Village or City Jo (If death occurred in a no pital or institution, give its NAME instead of street and number) ANS nent Length of residence in city or town where death occurred. ds. How long in U.S. if of foreign birth? vrs. mos. Jf.U.S. Veteran epecify WAR. If nonresident give city or town and State PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED, 21. DATE OF DEATH OR DO ORCED (The the word) Month) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Um certificate 7. AGE If LESS than Months to have occurred on the date stated above, et Deys 1 day, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ back 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation ____ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) ain (State or country) What test confirmed diagnosis? carefully __ Was there an autopsy?_ Z 1 MOTHER 15. MAHOEN important. 23. If death was due to external causes (VIOL ENCE) fill In also the following: Ë. Accident, suicide, or homicide?______ Date of injury______, 19__ OF DEATH 16. BIRTHPLACE (city (State or county Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMAN very (Address 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE nation Nature of injury. LION 24. Wes disease or injury In any way related to occupation of deceased? 19. UNDERTAKE If so, specify _! M. ż (Address) _/_/LQ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
manus per V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

60045

1	County		r <mark>H</mark> Allega	ny Y	WITHIN CORP	URATE LIMITS	Registration Dist. No.	4
						No. Memorial Hospital St. Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2	. FULL N	AME	Scot	t Kels	0	If U. S. Vetera	n, specify WAR	
	(a) Reside	ence: No	La Val	e, Nar (Usual pla	yland ace of abode)	St.,Ward.	If nonresident give city or to	wn and State
	PERSO	NAL AN	D STATIST	ICAL PAR	TICULARS		CERTIFICATE OF DEA	ATH
	Male		White	5. SINGLE, M OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	y 7 1936 (Month) (Day)	, 193_6 (Year)
5a.	If married, wide HUSBAND of (or) WIFE of		nnie Ke	efer			Y CERTIFY. Thet I e	
-	DATE OF BIRTH	H (month, de)	, and year) Months	Aug. 2	8 1868 If LESS than	I last saw hi_malive on	January 7 ated above, at 10:15 m.P. 1	19.36 ; death is said
-		67	articular	3	1 day,hrs. ormin.		ATH and related causes of importan	
IPATION	9. Industry of	r business in	articular es SPINNER, PER, etc which SILK MILL,	Owned	garage .	Lotar	Inclinous	Jan 4,36
OCCU	10. Date dece	ased last wor	ked at nth end	S	al time (years) pent in this	-		
12.	BIRTHPLACE ((State or co		li.	arylan	d	Other Contributory Causes of in	nportance:	Jan 31
EB	13. NAME	Mel	so, Joh	in		1	/	
FATH	14. BIRTHPLA (State	CE (city or to or country)		rland		Name of operation	Phip Efain West	ate of
IER	15. MAIDEN N	NAME	Nancy . R	ilev			causes (VIOL ENCE) fill in elso the	
MOTH	16. BIRTHPLACE (city or town)					Accident, suicide, or homicide?. Where did injury occur?	Date of injury	
	17. INFORMANT Remorial Hospital (Address) Cumberland, Maryland					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		BLIC PLACE.
18.	Rose I			umate Ja	n.10.1936	Manner of injury		
19.	UNDERTAKER .	Jo Cum	hn.C.Wo berland	lford • Md			way related to occupation of decea	A /
20.	FILEDCA	19.	1936/08	PAIR	Registrar.	(Signed)	0 0 0 00	M. D.

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To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritist	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		IVEU		
Other contributory causes of importance:	JAN	Other contributory causes of importance:		
Gallstones	May 1,1923	Castroen to itis	1 year	

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
	ORPORATE LIMITS Registration Dist. No.
	No. 24 St., St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME for Munice Res	If U.S. Veteran specify WAR.
(a) Residence: No. 24 Va (Usual place of abode)	St., St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Price the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSDAND of Cate Harry Key	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and speak in this	I last saw h a alive on a last said to have occurred on the date stated above, at 4'40 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Wavid Line 14. BIRTHPLACE (city or town) (State or country) Scotland	Name of operation Date of What test confirmed diagnosis? a Was there an autopsy?
15. MAIDEN MAJA GARAN Buckeniae 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Wavid Lynn (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place Place Page 1935	Manner of injury
19. UNDERTAILE Les l	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Signed) (M. D. M. D. M
20, New John Market Mar	(Address) Mela e o S O O O O O O O O O O O O O O O O O O

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FLB 7 1036	July 5,1927	Peritonitis	3 days ago	
- BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		and the community of the		

County	DEA	Allega	any	WITHIN O	DRPORATE LIMITS 93-20 Registration Dist. Np.
Village or C	ity	Cumber	land. N	/Id	No. Allegany . Hospital St., # Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasi	dance in cit	ty or town whera	daath occurrad. d Kolb	yrs	nosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NA	VIE	O OIII at	T WOTD		If U. S. Veteran, specify WAR
(a) Residen	ce: No	423.1		ndence . S	t St, # Ward. If nonresident give city or town and State
PERSON	AL AN	D STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
Male		n or race hite	s. SINGLE, M	ARRIED, WIDOWED CED (write the word)	21. DATE OF DEATH Jan. 6. 1935, 1936. (Month) (Day) (Year)
a. If married, widow HUSBAND of (or) WIFE of	La	ura. Fe	ergusor	1.	22. I HEREBY CERTIEY. That I ettended daceased fr
5. DATE OF BIRTH (month, dey	, and yaer)	May.5	1858	I last sew h_1971 alive on DZC 31 ,1925; death is s
7. AGE Yea	s	Months 7	Days 2	If LESS that 1 day, ormin.)
9. Industry or work was	ousiness in	orticular es SPINNER, (PER, etc which illk MILL,	City La	abor	Ch. Im o carditis Thurscardial failure 12-10
10. Date decease	d last wor ation (mor	kad at		al time (years) spant in this	
12. BIRTHPLACE (cit			Md		Other Contributory Causes of importance:
13. NAME	Joh	n.N.Ko	lb.		
14. BIRTHPLACE (Stata or		wn) Gern	nany		Name of operation Date of What tast confirmed diagnosis? What tast confirmed diagnosis?
15. MAIDEN NA	ME	Cather	ran. Ko	oner	
15. MAIDEN NAI 16. BIRTHPLACE (State or		wn)	German	ıy	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFDRMANT (Address)	Mrs	. John umberla	.Kolb.	1	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMAT Place Ger	man.	Benefic		n.9.1936	Manner of Injury
19. UNDERTAKER (Addrass)		n.C.Wo.		1	24. Was disaase or injury in any way related to occupation of decaasad?

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFAINS				
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

T RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-		
IS A PERMANEN	stated EXACTI	properly classified.	ertificate.	
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
N. B.—WRITE PLAINL	mation should be c	CAUSE OF DEAT	TION is very impo	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(167)
County Allegran WITHIN CORI	PORATE LIMITS Registration Dist No.
Village or City Dannagard	No. 107 Drand Uses 6-2Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred 3 Q_yrs, 2 2 mos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Conrad 6. Lings	
(a) Residence: No. 107 frank One (Usual place of abode)	Stig - Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Months (write the word)	January 2, 1936
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Shrannel Canaelly	22. HEREBY CERTIFY, That I attended deceased from
11.10 a	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) While 19 1869	I last saw h
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
	wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Brackman	
9. Industry or business in which work was done, as SILK MILL,	Jungalia Johnson
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - 1212lltura)	
(Stata or country)	
13. NAME Angles Angles 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State-orycountry)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN KAMENGASEL Wagner 16. BIRTHPLACE (city of town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city of town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur. (Specify city of Jown, county and State)
17. INFORMANT The Laph.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Complete .	Lingfeldende, Me
Place which my Date 1/4 19 30	Manner of injury
9.11.10	Natura of injury
19. UNDERTAKER AT PARA CALLERY MAC	24. Was disease or injury in any way related to occupation of deceased?
1 2 2 1 2 1 2 1 2 1	Signature March M. D. Server
20. FILED 190 Registrar.	(Address) Lesland Med ().
the first the second se	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Date Control

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TORATE LIMITS 8270
County Allegan	he legelesistation Dist. No. 4
Village or City Complete Land	No. Concerto to Horpital St., 4 Ward
Length of residence In city or town where death occurredyrsmgs.	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in M. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Than Francasel	Langham
(a) Residence: No. 12 19 Phis gine ale	St. 6 - Ward.
(Usubsplace of Ande)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AN (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Langhan	22. I HEREBY CERTIFY, That I ettended deceased from
6 DATE OF RIRTH (month, day and year) Mov. 16, 1872 1229	I lost saw h. C. Y. alive on Jorn 6, 19 66; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 m.
=63 57 1 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this spent in this occupation).	Cerebral Hemanhoge 1/6/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0 / /
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Edward Crown	
13. NAME Colorand Crans 14. BIRTHPLACE (city or town) Wakes (Stete or country)	Name of operation
15. MAIDEN NAME NOT KNOWN	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stath or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Ames Tangle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CHEMATION OF REMOVAL	Manner of injury
Placetical burg hed Date Jan 8, 1935	Nature of injury
19. UNDERTAKER (Addiess)	24. Was disease or injury In any way related to occupation of deceased?
20, Fye Dense 7, 193 & Chank MA Registrat.	(Signed) Believe W. D. M. D. (Address) Predmin W. D.
A CONTRACTOR OF THE PARTY OF TH	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
11/10/10/00/00/00/00	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago
Earline State			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Village or City	No. Ollo out St., 4 Ward death occurred in a hospital or positivition, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
\	(a) Residence: No. Revoluge (Usual place of abode)	Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE OR DIVORCED (perite the word)	21. DATE OF DEATH (Month) (Day) (Year)
-	e. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from 28 1936, to Jun 29 ,1936
. e	DATE OF BIRTH (month, day, end yeer) Nov 16 1935	I lest sawh en alive on gen 25 , 19 ; death is said
certincate	AGE Yeers Months Oeys If LESS then 1 day,hrs.	to have occurred on the date stadd ebove, et _1_2_3 & _m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
K OI C	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	C. C. a Lung & Live colum
on back of	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	westly distinct
	year) occupation Rawling Rawlin	Other Contributory Causes of importance:
instructions	(State or country) 13. NAME Frank Llewsleyn	Congental Endreadels Eigh
FAT	(State or country)	Neme of operation
MOTHED	16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?, 19, 19
	17. INFORMANT Rank Rewallyn	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
ITOIN IS VEFY	18. BURIAL, CREMATION, OR REMOVAL Place See Determine Determine 29, 1936	Manner of injury
-	9. UNDERTAKER Louis Steers due	24. Was disease or injury in any wey related to occupation of deceased?

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

	item of infor-	
•	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	and the state of t
BINDI	PERMANENT I	WINDAVE
FOR	IS A	
MARGIN RESERVED FOR BINDI	INK-THIS	
MARGIN R.	UNFADING	11:11
F-4	WITH	11 3
3	PLAINLY,	and I have
. No. 1	B.—WRITE	4.
V. S.	ż	

	JF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		10701
County Allega	mey.	Registration Dist. No.
Village or City And	town of	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in to or town where	death occurred 2 3 yrs 5 mos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAMES Mald	, M. Lewellyn	/If U. S. Veteran, specify WAR
(a) Residence: No. Bart	on, md	St., Ward.
DEDGGNAL ALID	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	1	MEDICAL CERTIFICATE OF DEATH
male 4. color or race	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. I HEREBY GERTIFY, That Lettended deceased from
6. DATE OF BIRTH (month, day, and year)	(La 31) 1922	Wast saw him alive on fun 20 A 136 : death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at . 4'15 A.m.
2 5	// 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		Voronchial Ineumonea Jan 19ch
9. Industry or business in which work was done, as SILK MILL,		y //
SAW MILL, BANK, etc		There was no associated disease.
10. Date deceased last worked et this occupetion (month end year)	11. Total time (years) a spent in this	Cev 4 or
-lid	occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	- m J	
X O O A		
E	Slewellyn	0- 10- 0
14. BIRTHPLACE (city or town) (State or country)	anjun f	Neme of operation. Date of
or 0 0 0		What test confirmed diegnosis? Was there an autops/16
I	ines	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	coring, Ma.	Accident, suicide, or homicide?
- 00 T	PO11.01.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	2 sewayn	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	a ma	Manner of injury
Place Caurel Hill	Date 1 Cm 2 2, 19 3 (Nature of injury
19.5.0	2/1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19. UNDERTAKER (Address)	200	Il so, specify Aman Clevie
22 22 6	03.0	(Signed Wistomforf 9 M.D.
20. FILED 22, 1936	Registrar.	(Address) M/
If more	blanks are needed address State Registrar	2411 N. Charles Street Reltimore Requesting 7) S. No.

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Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			m mH

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
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1	. PLACE OF DEATH		(23)	1
	County allegan	WITHIN CORPOR	Registration Dist. No.	4
	Village or City Comment	usnd.	No. 13 Browning	St.,6 - 2 Ward
	Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution of death occurred in a hospital or institution of death occurred in a hospital oc	
	0 11	- 4 4/		
-	FULL NAME MANAGE	1. O. a. Wya-	If U. S. Veteran, specify WAR	
	(a) Residence: No. 13 13	(Usual place of toode)	St. St. Ward. If nonresident give city of	or town and State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3. 3	SEX 4. COLOR OR RACE	5. SINGLE/MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH	3 6-
_	throal Whole	Smale	(Month) (Day	(Year)
5a.	If married, widowed, or divorced HUSBAND of		22. A SI HEREBY CERTIFY, That	I attended deceased from
	(or) WIFE of		1008. 15 133, to Jan	3 ,, 19.36
6. 1	DATE OF BIRTH (month, day, and year)	Wec 23 1916	I last saw h ev alive on au / 3	198 6 death Is said
7. /	AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
	20 -	/ 0 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows:	Pate of onset
z	8. Trade, profession, or particular kind of work done, as SPINNER,	0	()	Date of onset
110	SAWYER, BOOKKEEPER, etc.		1 faith and war	oct
UPA	9. Industry or business in which work was done, as SILK MILL,		Jacob Contract of	1933
OCCUPATION	SAW MILL, BANK, etc	11. Total time (years) spent in this	Interseculo	
	this occupation (month and year)	spent in this occupation		
12.	BIRTHPLACE (city or town)		Other Contributory Canses of importance:	
	(State or country)	2d -		
ER	13. NAME Ihmas	V. Lloyd.		
FATHER	14. BIRTHPLACE (city or town)		Name of operation	Date of
	(State or country)	narana	What test confirmed diagnosis? Wa	as there an autopsy?
MOTHER	15. MAIDEN NAME Zugaket	1 Kransa.	23. If death was due to external causes (VIOL ENCE) fill in also t	he following:
TOT	16. BIRTHPLACE (city or town)	- AA	Accident, suicide, or homicide? Date of inj	jury, 19
2	(State or country)	111	Where did injury occur?(Specify city or town, cou	inty and State)
17.	INFORMANT /homas /	Though.	Specify whether injury occurred in INDÚSTRY, in HOME, or In	PUBLIC PLACE.
18	(Address) BURIAL, CREMATION, OR, REMOVAL	Estant.		
20.	Place B. Lastheran lun) Date 1/6 1936	mainles of injury	
	Frostling &	4.	Mature of Injury	, lor
19.	(Address)	Jak	24. Was disease or injury In any way related to occupation of de	ceased/
		P3 112	(Signed) MCB COW	eres M.D.
20.	Fuer 6, 1936	Registrar.	(Address) / 38 VG	apr
16	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

CIAN PHYSI proper may pluo that plain carefully ii. DEATH be should OF CAUSE mation

1. PLACE OF DEATH

OCCUPA. plnods IN CORPORATE LIMITS County Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred .ds. How long in U.S. if of foreign birth? statement . If U. S. Veteran, specify WAR. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word) (Month (Day) (Year) 5a. If married, widowed, or divorced HER CERTIFY That I attended-deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than o have occurred on the date stated above. At 1 day The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) On this occupation (month and spent in this vear) ____ occupation _. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or fown) (State or country) What test confirmed diagrass Was there an autoo MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______19_ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?__. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very (Address) 18. BURIAL CREMATION OR REMOVAL Manner of injury Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	To the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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DR.A. JONES

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial apphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegany	Registration Dist. Np.
	2
Village Dr City Troutburg Mix	ND. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Junior albert 7	nary
(a) Residence: No. 206 Main (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	January 21, 1936
ia, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Rose Fellar Marry	22. I HEREBY CERTIFY, That I attended deceased from 2/ 1936 to Jan. 27 1936
5. DATE OF BIRTH (month, day, and year) Feb 7 1912	I last sew h sin alive on Dan 27 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3: Am.
23 // 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
S Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, W. P. A. Worke	Appendicules Oc. 10 1/21/21
9 Industry or business in which	1-4-1-5
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
of to.	Other Contributory Causes of importance:
(State or country)	
1 13. NAME albert marry	
13. HAWE West Mary	alla de la
(State or country)	What test confirmed diagnosis Class 4 Option 1 Was there an autopsy?
15. MAIDEN NAME Zunkmorum	23. If death was due to external causes (VIOLENCE) fill in also the following:
16 PIDTUDI ACE (city on Assum)	Accident, suicide, or homicide?
D 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Post Vellar Many	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(7. INFORMANT Just Vellar Mary (Address) Front hand	Specify whether injury occurred in Problem, in Home, or in Poblic PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Dunnelton It Va Datel - 28 , 1936	Nature of injury
Cantolia /1-	7 2
19. UNDERTAKER	24. Was disease or injury in any way related to occupation or deceased?
(Address) (Address) M.S.	If so, specify
20. FILED Jan. 27, 1936 a. R. Walker	(Signed) M. D.
Registrar.	(Address) 1000 Cost Cost

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVET	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	<u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor-	state
tem of i	plnods
ECOND. Every	PHYSICIANS
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
IS A	stated
NK-THIS	should be
UNFADING	upplied. AGE
INLY, WITH	be carefully s
3WRITE PLA	mation should
N. I	

Exact statement of OCCUPA-

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL	OI	MINIT	עוות	CLIVIII	CAIL	OI.	DLAII

STATE OF MARYLAND—	CERTIFICATE OF DEATH	056
1. PLACE OF DEATH	The same (DEC)	
County Allenann. WITHIN CORPOR	Registration Dist, No.	
Village or City Cumberland	No. allegam Hospitalse, +	∠Ward
	death occurred in a hospital of institution, the its NAME/instead of street and or	
2. FULL NAME Anna many ma homellen		
(a) Residence: No. 5/1/ Westington	St., / Ward.	
(Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
throng Whate OR DIVORCED (write the word)	Jan. 11, 1936. (Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Jamil I ma mullin	22. DI HEREBY CERTIFY, That I ettended d	eceased from
6. DATE OF BIRTH (month, day, and year) Abail 18 1873	I last saw h. & alive on 1 - 11 - 1936	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 550 P.fn.	
69 8 73 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Honoxies SPINNER, Honoxies SPINNER,	Carenona of Stoward	3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
SAW MILL, BANK, etc		
year) occupation	Offer Contributory Causes of imputance:	
12. BIRTHPLACE (city or town) In Jarrage	Corcumptoris	3
(State or country)		
13. NAME Frank he hamee	work	
14. BIRTHPLACE (city or town) Orlland.	Name of operation Date of What test confirmed diagnosis? Was there an au	utoney LCO
15. MAIOEN NAME many monahan	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME May Monahan 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Trank of Inches	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Plato Patent Parale Generale 1/14, 1936	Neture of injury	
19. UNOERTAKER Komio Stem Ina. (Address) Combartand	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILEDEN 13 1936 Jacoble M. A. Registrar.	(Signed) (Address) (Address)	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEAS 7 1928			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1
And the second s	111491,1000	Crasti Outstell stee	1 year

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
EATH			

00057

1. PLACE OF DEATH	Unitoid	182	1.
County Allegany	UUISIU	Registration Dist. No.	4
Village or City Cumberland, Mc	City Li	mitNo. Bowman Addition.	St., Ward
Length of residence in city or town where death occurred	Ure mos	death occurred in a hospital or institution, give its NAME instead of a	street and number)
Length of residence in city or town where death occurred Robert • Mckinle	3y 22	yrs	
2. FULL NAME		If U. S. Veteran, specify WAR	
(a) Residence: No. Cumberland.		St., Ward. If nonresident give only or	
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DE	
	RRIED, WIDOWED,		
Male White OR DIVORC	ED (write the word)	Jan. 24.1	1936
5a. If married, widowed, or divorced	gre	(Month) (Day)	(Year)
HUSBAND of Orly WIFE of		22. I HEREBY CERTIFY, That I	attended deceesed from
	3075	, 19, to	19
6. DATE OF BIRTH (month, day, end yeer) Nov. 17	• 1905	I lest sew h alive on	, 19; death is sald
7. AGE Years Months Deys	If LESS than	to heve occurred on the date steted above, et 4 • 45 • Am	
2 7	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of imported were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER,		Suffication	Date of onset
SAWYER, BOOKKEEPER, etc.	•	4	
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc		Trush dead on hed	teland
11. Totel	time (years)	to have donthered	-
	ent in this cupetion	its olufe.	
	Md	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town)			
13. NAME Geo.Messe			
Md P	/	Marine Control	
4 14. BIRTHPLACE (city or town) (Stete or country)		Name of operation	
15. MAIOEN NAME Idabell Hook		What test confirmed diegnosis? Was	
P	8.	23. If death wes due to externel ceuses (VIOLENCE) fill in also the	1 1
16. BIRTHPLACE (city or town) (Stete or country)	***************************************	Where did injury occur?	2
Geo. Wesse.		(Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Pl	y and State)
17. INFORMANT Cumberland . Md		Specify whether imply occurred in INDUSTRY, in HOME, OF IN PI	JOELIC PLACE.
18. BURIAL CREMATION OR REMOVAL		Manner of injury	·
Ralph.Hite.Cemetery Ja	n.26.1936	Neture of Injury Sleepholy on mother	ro arm)
John.C. Wolford		24. Wes disease or injury in any way related to occupetion of dece	esed?
19. UNDERTAKER Cumberland M	d	If so, specify	
Jan 25 00 0 4	60.20	(Signed) And Alkankley ?	ocal Seam. D.
20. FILED am 25, 1936 Jan 1100	Registrar.	(Address) Amarafias Samuel	my.
If more blanks are needed,	, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement various pur ceased by the companion of the occupation is very important, so that the relative her warious pur ceased by report the occupation prior to retirement. Children not gainfully empreture in answer to Question 9. For a person engaged in domestic serve the appropriate terms, as servant—private family, cook—hotel, etc. In statility the particular by the particular kind of work done. In statility the particular kind of work done	er. If the de- ployed may be vrite housewife rice for wages.
Q and TITE all as must state:	
icular kind of work done.	
a ich the work was done.	
a last worked at the occupation.	
followed the occupation.	
out the particu In st. The particu Port of the particu Chanical engine of the occupation when a more present set. Distinguic chanical engine of the occupation when a more present set. Avoid the term "laborer" the set. Avoid the term set set. Avoid the term	e," etc. Find
In st CHILLE West of such general terms as "store," "factory," "mil	11 22 cto Ctoto
the particular terms as store, factory, min	i, etc. State
Distingui Distingui and the full descriptive titles, as civil	engineer, me-
Distinguichanical engine of the occupation when a more present and the companion of the occupation when a more present machinist, etc. Avoid the term "laborer" when a more present machinist, etc. Avoid the term "laborer" when a more present machinist, etc. Avoid the term "laborer" when a more present machinist, etc. Should be called a statement of call the control of the principal cause name the disease or injury. As related causes, name of a dealer of the principal causes, name of a dealer of the principal cause and any important of the principal cause. Under the control of the principal cause or injury. Example II	cise statement
of the occupation in harman and dill of the react echanic," but give the exact occupation, as carr	penter, painter,
machinist, etc. 1 To a should be called a should be	ho sells goods
Should be called a he do not be a solid to the solid to t	dooth not the
mode of dving e. g., 1 de	causing death
As related causes, name of a deal of the original cause and any important	nt complication
of the principal cause. Under the principal cause. Under the principal cause. Under the principal cause. Under the principal cause.	es. Examples:
Existence of the street of the	
	ISES Date of onset
of importance were as follows:	SOD SOLO OF GROOT
Arteriosclerosis	1 week ago
Chronic interstitial nephritis See The house of importance: Where the house of importance is the house of importance: Where the house of importance is the house of importance: Where the house of importance is the house o	1 ancolo ago
Cerebral hemorrhage	1 week ago
Cerebral hemorrhage 100 te est till the strainte as te et days, a to brothe 100 te est till the strainte days, a to brothe 100 te est till the strainte days, at the till the strainte days, at the st	3 days ago
Cerebral hemorrhage Tootte. The strain on str	
The file ares of the opin in as the wife was then the	
Other contributory causes of importance: April Ap	
ed e in of the difference.	
Gallstones Utraid their was open of the set of	1 year
mosel i with the day	
Reeld don its one of	
1.06 Ac.	
dirting.	
ADDITIONAL SPACE FOR FU. STATEMENTS BY PHYSICIAN	The same of the sa
do mysell of fund	
su birth certificate.	

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(50)
County Melegary WITHIN CORPO	Registration Dist. No.
Village or City Constant	No. 56 Grann St., 5 Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Hilma micha	If U.S. Veteran specify WAR
(a) Residence: No. 56 Images	St. 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Amale Marte OR DIVORCED (write the word)	21. DATE OF DEATH January 2 (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Malph A mulhaul	22. I HEREBY CERTIFY, Thet attended deceesed from July 17 19 34 to January 2 1936
6. DATE OF BIRTH (month, dey, end year) Ina 4 1900	
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, et. 4
35 9 98 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SWYER, BOOKKEPER, etc.	Carcuouna les breast 1934
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country)	Leveral Mastasis 1935
13. NAME / Herdone Johnson	I DA A A A A
(State of Country)	Name of operation A What lest confirmed diagnosis? Note that we share on eutopay? Note that the confirmed diagnosis?
15. MAIDEN NAME Amanda Hanning	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT ARAM A Smith Strait	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece fillswant bone 1 4, 1936	Neture of injury
19. UNDERTAKER Source Steering John L. MODI (1985)	24. Wes disease or injury in eny way releted to occupetion of deceesed?
20. FILED and 3 , 186 Jan Frankler, M. Registrat.	(Signed). (Address) Current Grand, Md. M.D.
If more blanks are needed, address State Registrar	, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		U-LE-STEEL CONTRACTOR	



1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	County Clycescery WITHIN CORP	ORATE LIMITED Registration Dist. No. 4
	Village or City Upmwuland	No. 5 St. 5 War death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosd
2	FULL NAME Stillborn Melle	If U. S. Veteran, specify WAR
	(a) Residence: No. 3/ 1000002 (Usual place of abode)	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. S		21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowad, or divorcad HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attanded decaased from
6. D	DATE OF BIRTH (month, day, end year) Un 1-1936	Plast sew Mer and a we on the search is sa
7.1	Months Deys If LESS than I day,hrs.	to heve occurred on the date stated abova, et
NO.	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Date of ones
CCUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
ŏ	10. Date deceased last worked at this occupetion (month and year)	
12.	BIRTHPLACE (city or town) Sumbularland (State or country)	Othar Contributory Causes of importanca:
2	13. NAME Tobert L-Easton	
FATHER	14. BIRTHPLACE (city or town) Columbia (Stata or country)	Name of operation Date of Was there an eutopsy?
MOTHER	15. MAIDEN NAME-Carrye V. / Miller	23. If death was due to axternal causes (VIQL ENCE) fill in also the following:
9	16. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	Accident, suicide, or homicide?
	(Addrass) of Boone	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Parl Hell Con Date 1/6 ,1936	Mannar of injury
19.	UNDERTAKER Somis Stein Inc. (Address)	24. Was disaese or injury In any way ralated to occupation of decaasad?
	Fursam 5 1096 Jan Strankling	(Signad) Divers

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ji	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	VENT RECORD. Every item of infor-	TLY. PHYSICIANS should state	fied. Exact statement of OCCUPA-	
WRITE PLAINLY, WITH UNFADING I mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that TION is very important. See instructions of	NK-THIS IS A PERMAN	should be stated EXAC	it may be properly classif	in back of certificate.
	-WRITE PLAINLY, WITH UNFADING II	mation should be carefully supplied. AGE	CAUSE OF DEATH in plain terms, so that	TION is very important. See instructions o

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	N CORPORATE LIMITS PARTY STATE OF THE PARTY STATE O
County	Registration Dist. No.
Village or City Consultant Carled	No. /22 House St,6-8 Ward
Length of residence in city or town where death occurredyrs,8m	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Torank (. Mile	
	Les_ If U. S. Veteran, specify WAR
(a) Residence: No. / 2 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 , 193 3 6
5a. If merried, widowed, or divorced HUSBAND of	(32)
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF RIRTH (month day and year) July 12, 1903	1 last saw h alive on 19 death is seful
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS than	! last saw h; death is selfd to have occurred on the date stated above, etm.
30 6 20 18 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade protession or particular	were es follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sterre Sterre Ofer	u f I
9. Industry or business in which work was done, as SILK MILL, Critration SAW MILL, BANK, etc.	a nepo
- [" Spoint in this "))	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chronic Ando Cordites
(State or country)	
13. NAME John Miller	
14. BIRTHE ACE (city or town) Va	Name of operation Date of
	What test confirmed diegnosis? Was there en autopsy? Was there en autopsy?
15. MAIOEN NAME Eliza Walko 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OF THE CANADA TO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Name of Later
Place Hilling C Oato Feb 13 1934	Menner of Injury
A. A. A.	Nature of injury
19. UMOERTAKER OULS ALLE ON OULS	24. Was disease or injury in any wey related to occupation of deceased?
061 001110	(Signed Seo Pocularion Orman
20. Tell 2, 1896 and flowither May	(Signed) (Address)
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis 7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		_
Y, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every in	. PHYSICIANS	H in plain terms so that it may be properly classified. Exact statement
LZ	LLY	ed.
RMAN	arefully supplied. AGE should be stated EXACTLY.	classifi
A PE	ted E	nerly
S	sta	nro
HIS	be	he
NK-T	pluods	it may
NG II	AGE	that
FADI	lied.	me en
No	ddns	n for
WITH	fully	n plain
Υ,	are	H

MON is very important. CAUSE OF DEAT mation should be

should state tem of infor-

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No.

Village or City hambard	No. 125 Harrand Art. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Trancis 14 Mole	Z_ If U.S. Veteran specify WAR
(a) Residence: No. 8 25 Harried C	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Proc. Process.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 14. 1832	I last saw h M4 alive on Jack 2 , 19. 36; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, etm.
83 10 18 1 day,hrs	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular	Cerebra
kind of work done, as SPINNER, tames	Jemorhage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Ruthrich	
To: Date deceased last worked at this occupation (month and year) spart in this occupation (coupation this occupation this occ	
12. BIRTHPLACE (city or town) Shepandstron	Other Contributory Causes of Importance: Puello
(State or country) (State or country) (State or country) (State or country)	Methor to
I //	Name of a series
4. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an eutopsy?
E 15. MAIDEN NAME MARQUET Meller	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANTOUN. J. M. Molly.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Combestand	
18. BURIAL, CREMATION, OR REMOVAL Delachardston 1. 1936	Manner of injury
19. UNDERTAKER A MASSELSING DAVE. (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED AND 3 , 1935 Jack Trankling Registrar,	(Signed) M. I.
Registrat.	N Chala Card Palain Day 20 C N

V. S. No. 1

N. B.-WRITE PLAI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II		
The principal cause of death and related causes of importance were as follows:		
	1 week ago	
car	1 week ago	
	3 days ago	
ry causes of importance:	1 year	
	ry causes of importance:	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

06052

1		E OF DEA		199171	TINI AMBIBATE	ATE LIMITS (45-20)	./
	Count	y Al	Llegany	VW 1 1 7	THE COLUMN	Registration Dist. No.	45
			Cumbe		(If	No. 220. Schley. St., death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length	of residence in c			yrs,mos	ds. How long in U.S. if of foreign birth?yrs	nosds.
2		NAME	A. s.m	R.Neff berland	. Ma	If U. S. Veteran, specify WAR	
	(a) K	esidence: No		(Usual place		If nonresident give city or town an	d State
900000	PER	SONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3, 5	sex Mal	e 4. colo	or or race	OR DIVORCE	RIED, WIDOWED, D (write the word) 10d	21. DATE OF DEATH Jan. 10.1936 (Month) (Day)) , 193 (Year)
5a.	If married, HUSBAN (or) WIF	, widowed, or div D of M 21 E of	agd.E.Mil	ler		22. Aug. 7 195 to Jan 10	
6. 1	DATE OF B	BIRTH (month, da	y, and year)	eb. 7.1	383	I last saw him alive on four 10 ,1935	; death is said
7. /	AGE	Years 52	Months 11	Days 3	If LESS then I day,hrs. ormin.	to have occurred on the date stated above, at 2 . 45 . An. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NOI	8 Trade	, profession, or p nd of work done AWYER, BDDKKE	particular , as SPINNER, J EPER, etc.	eweler	1 01	Caremonea g	Date of onest
OCCUPATION	9 Indus	try or business in ork wes done, as AW MILL, BANK,	n which SILK MILL.	•••			
000	th	deceased last wo is occupetion (mo ear)	onth and	sper	ime (yeers) nt in this pation		
12.		ACE (city or town))	M	d	Other Contributory Causes of Importance:	
2	13. NAME		John.M.	Neff			
FATHER		HPLACE (city or to Stete or country)	own)	Va		Name of operation Date of	autonov2/6
ER	15. MAID	EN NAME	Carlin	e.Suter		23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER		PLACE (city or to State or country)	own)		Md	Accident, sulcide, or homicide? Date of injury Where did injury occur?	, 19
17.	INFDRMAN (Addre	11	rs.Mary. Cumberla	Neff nd. Ma		(Specify city or town, county and St Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC P	ate) LACE.
18.			burg. Pa		13.19,36	Manner of injury	
19.	UNDERTAI	KER	John . C . W	olford erland.	Md	24. Was disease or injury in any wey related to occupation of deceased?	
20.	FILEDA	null	1936 Ja	O Fra	ikh m	(Signed) T. G. Cowherd (Address) Crunkerland; hea	M. D.
1			If more	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVLD	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage TLB 7 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH 00063
1. PLACE OF DEATH	(27)
County (Ille gasy-	Registration Dist. No. 9
Village or City Thibuff 9	No. Minus Horpital St., W. death occurred in a horpital or institution, have its NAME instead of street and number)
	death occurred in a hospital of institution, parter is 17-4712 instead of street and number? ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Reverend, Joseph, Philli	is holace
(a) Residence: No. 28 E. India St.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male While Single	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22 ₃₀ I HEREBY CERTIFY. That I attended deceased
(OI) WIFE OI	lee 30 ,1935, to gan 4 ,193
6. DATE OF BIRTH (month, day, and year) Openil 16 - 1875	I last saw have alive on 1936; death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.20 Am.
60 8 /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Clergyman	
SAWYER, BOOKKEEPER, etc.	Chronic Cholecystello -
work was done, as SILK MILL, SAW MILL, BANK, etc.	
0 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
year) this occupation (month and 1933) spent in this 32.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Longeming, hade	hente mycardial Ja
(State or country)	Falure 0193
13. NAME Michael holon	Destelan
14. BIRTHPLACE (city or town) Inh. Savage hude.	Name of operation 4 Oate of Deed
(State of country)	What test confirmed diagnosis? Of Surfaces. Was there an eutopsy?
15. MAIDEN NAME anna 6 Railly	23. If death was due to externel causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Philadely his, Va. (State or country)	Accident, suicide, or homicide?, 19, 19
1 (otate of county)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Joseph &. Weller (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Farthurg, hyd Date au 8 , 1936	Neture of injury
	24. Was disease or injury in eny way related to occupation of deceesed?
10 HADEDTAKED	
19. UNDERTAKER (Address)	If so, specify

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1. PLACE OF DEATH County Willage or City Superation of the County of th	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Plant State No. This is a hospital or institution, give all NAME instead of steet and number) Langth of residence in city or town where glash occurred ytt. mos. ds. How long in U.S. It of foreign brith? yts. mos. ds. 2. FULL NAME		9
Village or City. Langth of residence in city or town where guath occurred. Langth of residence in city or town where guath occurred. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Langiplace of dobodo (d) Martin Langiplace of town Langiplace of dobodo (d) Martin Langiplace of dobodo (d) Martin Langiplace of town Langiplace of	County allegany	
Length of residence in city or town where dash occurries. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Anti-place of Abodd) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COLOR OR RACE (b) SI, Mard. (c) Residence: No. (c) Luaniplace of Abodd) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (c) COLOR OR RACE (d) SI, Martiel, Wildows and Above and Abodd (d) Wife of Color Or RACE (e) Wife o	Village or City FALL COMPONATE LIMITED	and golden and Shail to
2. FULL NAME (a) Residence: No. 6	(li	death occurred in a horpital or institution, give it NAME instead of street and number)
(a) Residence: No. 16 (Usual) here of blocks) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE S. SIXCLE, MARRIED, WIDOWED, Obs. The ward) 5a. II married, widowed of divorced (or) wife of (or) wif	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign With?mosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DR. DIVORCED (white the wage) 5. Literated widower divorced HUSARIO (Month) (Day) (Cert) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Order to ward of the wage) 5. Literated widower divorced HUSARIO (Month) (Day) (Cert) 7. ACE 8. Trade, profession, or particular with order of the ward of the dath, stated above, at	2. FULL NAME /7 allerene Star	ris
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR PLACE 6. DATE OF DEATH 7. AGE 7. AGE 8. Trade, profession, or particular 8. SINGLE, MARRIED, WIDOWED, Or Commin. 8. Trade, profession, or particular 8. Trade, profession, or particular 8. SINGLE, SINGLE, MARRIED, WIDOWED, Or Commin. 8. Trade, profession, or particular 8. Single, Married, Widower, Married, Widower, Married, Wind of work done as SPINNER, 8. Trade, profession, or particular 8. Single, Profession, or particular 9. Single, Profession, or part		
3. SEX		
Sa. If married, wislower, divorced HUSBAID of Corp. 8. Trade, profession, or particular Nind of work done, as SPINNER Journal 1. Total time (years) Spinler or bounds of the society or town). 8. Trade, profession, or particular Nind of work done, as SPINNER Journal No. Spinler or bounds of the society or town). 9. HUSBAID ON TOWN Was done as SILK MILL, AND Spinler or bounds of the society or town of the society of town of the soci		
59. If married, widowers divorced HUSSAND of (Or) Will of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular SANVER, BOOKKEPER, etc. 9. Industry or business in which SAW MILL, BAKK, etc. 10. 10. Date decased last worked at this occupation (month and year) 11. Total time (years) SANVER, BOOKKEPER, etc. 9. Industry or business in which SAW MILL, BAKK, etc. 10. Date decased last worked at this occupation (month and year) 11. Total time (years) Sanvice (city or town) SANVER, BOOKKEPER, etc. 12. BIRTHPLACE (city or town) Sanvice (state or country) 13. NAME 14. BIRTHPLACE (city or town) State or country) 14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT SANVER, BOOKKEPER, etc. 18. BURIAL, GREMATION, OR REMOVAL Place Country 19. UNDERTAKER (Address) 19. Under Injury 19. Under Injury 24. Was disease or injury in any way related to occupation of deceased? 19. Under Injury 24. Was disease or injury in any way related to occupation of deceased? 19. Under Injury 24. Was disease or injury in any way related to occupation of deceased? 19. Under Injury 24. Was disease or injury in any way related to occupation of deceased? 26. Specify and the state of injury 27. Was disease or injury in any way related to occupation of deceased? 28. Was disease or injury in any way related to occupation of deceased? 29. Was disease or injury in any way related to occupation of deceased? 20. FILED 19. Under Injury 20. FILED 20. FILED 21. Injury 22. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Was disea		7 7 9
#USBAND of Only WIFE of Only WI	naemo	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, or particular SAWER, BOOKE ESCANSINER SAWER, BO	HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
7. AGE Years Months 1 day.	m. Darris	1936, to 28, 1936
8 7 10 26 1 day. hrs. or. min. 8 Trade, profession, or particular Mind of work done, as SPINNER Source Works. 9 Industry or business in which was done as SPINNER Source Work was done as SPINNER CONTROLEGY. The profession was done as SPINNER CONTROLEGY. The p		1 Jast saw h. 22 allve on 4 allve on 1936; death is sald
8. Trade, profession, or particular kind of work done as SPINER done done as SPINER done done as SPINER done as SPINER done done as SPINER done as SPINER done as SPINER done done as SPINER done as SPINER done done as SPINER done done as SPINER done as SPINER done done done as SPINER done done done done as SPINER done done done done done done done done	1 day bre	
8. Trade, profession, or particular sides of the profession of of the profess	8 / /0 26 ormin.	were as follows:
12. BIRTHPLACE (city or town)	8. Trade, profession, or particular kind of work done, as SPINNER.	
12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	Mysono
12. BIRTHPLACE (city or town)	work was done, as SILK MILL, SAW MILL, BANK, etc.	- Tofferen S
12. BIRTHPLACE (city or town) 6. Characteristic 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL Place 22. Light 24. Was disease or injury 19. UNDERTAKER (Address) 19	U 10. Date deceased last worked at this occupation (month and	
12. BIRTHPLACE (city or town) 6 Chalant (State or country) 13. NAME 14. BIRTHPLACE (city or town) 7	year) Spent in this	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place	12. BIRTHPLACE (city or town) 6 chart	Other Coursbutory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Letters Community 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 21. MAIDEN NAME Contact Continued Continued Contact Continued Continued Contact Contin	(State or country) 3nd °	traden find
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Letters Community 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 21. MAIDEN NAME Contact Continued Continued Contact Continued Continued Contact Contin	13. NAME Thos. Eroso	I have and I have a second
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Letters Community 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 21. MAIDEN NAME Contact Continued Continued Contact Continued Continued Contact Contin	14. BIRTHPLACE (city or town)	Name of operation Date of
Where did Injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Cotters Commutery Date 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. Registrar. (Address)	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Where did Injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Cotters Commutery Date 19. UNDERTAKER (Address) 20. FILED 20. FILED (Address) Where did Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of Injury 14. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address)	15. MAIDEN NAME Celizabethe Carter	23. If death was due to external causes (VIOLENCE) fill In also the following:
Where did Injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Cotters Commutery Date 19. UNDERTAKER (Address) 20. FILED 20. FILED (Address) Where did Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of Injury 14. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address)	6 16. BIRTHPLACE (city or town) 271. Surace	Accident, suicide, or homicide? Date of multy 12-2,1936
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place as this Community Date 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 26. FILED 20. FILED 20. FILED (Address)	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Letters Commutery Date Jan 31., 1936 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Registrar. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)	17. INFORMANT Mrz. Pauman Stuskey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Cotters Coemistery Date Jan 31, 1936 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Was disease or injury in any way related to occupation of deceased? (Signed) (Address) (Address) (Address) (Address)	- Aug , ele	A June
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) 20. FILED 20. FILED (Address) (Address) (Address) (Address)	(D + 1 + T) = 34.	Manner of injury
20. FILED Cur. 3/1936 W. R. Wolker (Signed) (Address) (Address) (Address)	1936	Nature of Injury
20. FILED Jan 3/1936 W. R. Wolker (Signed) (Address) (Address)		
Registrar. (Address)	(Address) Trosthing Mid	VEN
		4: 00

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FFD	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 LP 3 130	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED MARGIN

state infor-OCCUPA-1. PLACE OF DEAT plnous County Registratión Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Every Length of residence in city or town where death occurred How long in U.S. If of foreign birth?_ statement 2. FULL NAME SI (a) Residence: No. PHYS (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of EY. That I ettended deceesed from (or) WIFE-of 6. DATE OF BIRTH (month, day, end year) 7. AGE Th LESS than Years Days Months to have occurred on the date stated above. I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance pr____min. were es follows: Date of onset 8. Trede, profession, or particular Nec OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc._____ back may 10. Date deceased lest worked at 11. Total time (years) spent in this 48 ye this occupation (month and that instructions 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Nama of oparation____ plain (State or country) carefully Whet test confirmed diagnosis? Was there an eutopsy?. MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOCENCE) fill Ingelso tha following: Ë OF DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Levresell Date. LION Nature of injury_ 24. Was diseese or injury/in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis GECEVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FAR 3 1006	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributors causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods Registration Dist. No. County__ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.__ Langth of residence in city or town whera death statement PHYSICIAN (a) Residence: No. If nonresident give city or town and State (Unual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) assified 5a. If married, widowed, or divorced HUSBANO of CERTIFY. That I attended deceased-fre 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly Days If LESS than 7. AGE Months 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ormin. were as follows: Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. may Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total tima (years) 10. Data decaased last worked at spent in this ? this occupation (month and that occupation" instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) terms, 13. NAME FATHE See Name of operation__ 14. BIRTHPLACE (city or town). plain (State or country) What test confirmed diagnosis? ... carefully important. 15. MAIDEN NAME 포 Ë 07 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ be plnous 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Oate. Nature of injury___ LION

19. UNOERTAKER (Address)

Was there an autopsy?_____ 23. If death was due to external causes (VIOL ENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, 24. Was disease or injury in any way related to occupation of decaased?. If so, specify (Signed). Registrar. (Address). If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Year)

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 11193 936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	r RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDA	N. B.—WRITE PLAIMY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be cal	CAUSE OF DEATH	TION is very import

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(94-al)
County Allgany	Registration Dist. No.
Village or City Gallery Ridage (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Cool	If U.S. Yeteran specify WAR
(a) Residence: Weller Ridge (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 POLOFOR RACE 5. SINGLE, MARRIED, WIDOWED, OR DATORCED (write the world)	21. DATE OF DEATH Jan. 15 Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mary C. Pool (or) WIFE of Mary C.	22. / I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Mary C. OSCO	Jan' 1/ 1936 to Jan 13 , 1936.
6. DATE OF BIRTH (month, day, and year) Rec. 9, 1866	last saw hein alive on fan 15 , 1936; death is sald
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 4.30 A.m.
69 1 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or particular	were as tollows: Angina frectoris Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
To. Data deceased last worked at this occupation (month and year)	Other Coutributory Causes of Importanca:
12. BIRTHPLACE (city or town)	Other Courselory Causes of Importance.
(State or country)	
13. NAME John Cool	
13. NAME John (GOOL 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? have
15. MAIDEN NAME MARY C. Clingerman 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Shoryon & 6006	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece traceul Oata - 18 ,1934	Nature of injury
19. UNDERTAKER & forcass Assitts	24. Was diseasa or injury in any way related to occupation of deceased?
20, FILED Jan 17., 1936 T. T. Mann Per ME. Ma.	All with
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Combal homometric EB	1921	Run over by street car	1 week ago
Cerebral hemorrhage FED	July 5, 1927	Peritonitis	3 days ago
1 V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE OF DEATH	ł
	<u> </u>	

1. PLACE OF DEATH	DORTE LIMITS (HEED)
County Allegary.	Registration Dist. No.
Village or City Crowholand	No. Allegans Italias, 4 Ward death occurred in a hospital or institution give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Comma Pearl Pri	If U. S. Veteran, specify WAR
(a) Residence: No. 109 Frederick (Usual place of abode)	St., # Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Andrew D. Corter	De 3/, 1925 to Jone 4, 1936
6. DATE OF BIRTH (month, day, and year) July 19 1900	I last saw h. alive on Jack 4, 1936; death is said
7. AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at f a _ m.
86 8 /S ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	0 6 0 4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	Coule Suffered of 2h
work was done, as SILK MILL, SAW MILL, BANK, etc	Kidne Stocker
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) And.	will Intradedund 135
II 13. NAME John Wright	Humber
14. BIRTHPLACE (city or town).	Name of operation and the Date of Jan 2/36
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Corry Robinette	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Olla Poller, (Address) (mmtuland.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place/fullescal ambate / 1936	Nature of injury
19. UNDERTAKER Komo Stein 9 nc.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Complyford	If so, specify
20, 59 to 6 , 10 le fa Schauble . M. Registrar.	(Signed) M. D. (Address) 41 Sec Se Colonial
Kegistrar.	" (AUUI509) - 1-4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F. E. D. 7	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00069
1. PLACE OF DEATH	107-0
County College WITHIN COI	RPORATE LIMITS Registration Dist. No.
Village or City Can See Con (III	No. 201 Charles St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs/_mos	4.4
2. FULL NAME Rosalie Sort	If U. S. Veteran, specify WAR
(a) Residence: No. ZOI Charlan	St. 4 Ward.
(Usual place of abod)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the food)	21. DATE OF DEATH
H. W. Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22/ I HEREBY CERTIFY, That I attended daceased from
(or) WIFE of	Lan 4 1936, to lan 8 1936
6. DATE OF BIRTH (month, day, and year)	Plast saw h A alive on 447, 196; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1309 m.
1 Z 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
9 Trade profession or particular	Date of onset
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Osoucho-Brunny Huge
9. Industry or business in which work was done, as SILK MILL.	153/
10. Data daceased last workad at this occupation (month and pear) spent in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I comment	
14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of
E 15. MAIDEN NAME CEPP!	What test confirmed diagnosis? Was there an autopsy? A
E Design	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?
271 DA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, IN HOME, OF IN PUBLIC PLACE,
18. BURJAL, CREMATION, OF REMOVAL	Manner of injury
Place we Hill Camelon Jane 9, 1935	Nature of injury.
TO HADDED AND STATE OF THE STAT	24. Was disease or injury in any way related to occupation of deceased? W
19. UNDERTAKER Address And Andrews	If so, specify
markers 9 31 C. Differell 2	(Signed) M. D. Children M. D.
20. Filesoland 7, 150 6 Registrar.	(Address) 33 Va a
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritish F.B ry 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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iten	sh	Jo	
D. Every	SICIANS	tatement	
Š	HY	st s	
REC	7. P	Exac	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PE	e e	rly	cate.
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IIS	pe	be	of c
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E	ı sh	EO	100
-WRI	mation	CAUS	TION is very important See instructions on hack of certificate.
- 1	-		

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH WITHIN CORPORATE LIMITS ALLEGANY County____ Registration Dist. No.

Village or Ci					MEMORIAL H	give its NAME in	stead of street and	
Langth of resid	lence in city or town whare death	occurred. 8.	8_yrsmos	sds.	How long in U.S. if of for	eign birth?	yrsm	osds
2. FULL NAM	ME GEORGE R	EUSCHI	EIN		_If U. S. Veteran, spe	cify WAR		
(a) Residence	ce: No. 312 N.	MECHAN (Usual place	NIC ST.	St.,	Ward. CUN	IBERLAND	MD.	State
PERSON	AL AND STATISTICA	L PARTI	CULARS		MEDICAL CER	TIFICATE C	F DEATH	
3. SEX MALE	4. COLOR OR RACE 5. WHITE	OR DIVORCE	RIED, WIDOWED, (write the word) OWED	21. DATE	January	4,	(Oay)	, 193 6 (Year)
5a. If married, widowa HUSBAND of (or) WIFE of	ad, or divorced ANNA MARGARE	T SNYI	ER	22. De 0	HEREBY C		That I attended	
C DATE OF BIRTH /		LY 23	1847		im alive on J			
6. DATE OF BIRTH (1		Days	If LESS than	to have occu	urred on the date stated ab	ove at 10:20)P _m	.,
88	3 5	11	1 day,hrs. ormin.		PAL CAUSE OF DEATH a			
8. Trade, profess kind of w	sion, or particular ork done, as SPINNER, RE BOOKKEEPER, etc.	TIRED	101		ebral hemon	rhage (Left)	12/28 3
Industry or b	ousiness in which done, as SILK MILL, CLLAN, L, BANK, etc.	e. Hours	loving Stre					
10 Data decease this occup		11. Total ti sper	me (years) nt in this pation					
12. BIRTHPLACE (city	y or town) MARYLAND)			ributory Causes of important Broncho pne			12/31
	GEORGE REUSCH	LEIN						00
14. BIRTHPLACE (State or	(city or town) GERM				erationonfirmed diagnosis?		Date of	
₩ 15. MAIOEN NAR	ME CATHERINE	SOWERI	MAN		was due to external causes			
15. MAIOEN NAM	(city or town) GERN country)	IANY		Accident, su	vicide, or homicide?			*
	MEMORIAL HOSP CUMBERLAN					(Specify city or tov OUSTRY, in HOME	vn, county and Sta , or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMAN	INN, OR REMOVAL	Date	7 ,1936		njury			
19. UNOERTAKER (Address)	onis Stim	9me			ase or injury in any way r			
20. FJLEDAM)	6 ,1036 Jast	Mund	11-20	(Signe	d) D-69	hone	13000	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00071
County allegane WITHIA A	ninna 4
20 1	Togotation Dist. No.
(1	No. 3 2 2 Baltone Quest, Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Lerge W. Here	pa_ (
(a) Residence: No. 377 Baltumon an	st. I ward lecestratured kel
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WINDOWSD	MEDICAL CERTIFICATE OF DEATH
OB DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
may & Wight	, 19, 19, 19,
6. DATE OF BIRTH (month, day, and year) Unknown 18 98	I last saw h elive on, 19, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
38 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
Trada, profession, or particular kind of work done, as SPINNER,	Marcon, In gar purson Date of onest
kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	no found dead in het
work was done, as SILK MILL, SAW MILL, BANK, etc	with decide gas it ording burning
11. Total time (years)	high.
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Thumas Rice	
13. NAME Thumas Rice 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy? 700
15. MAIDEN NAME Journa Amelyer 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Certified Date of injury
(State or country) Frank Va	Whera did injury occur?
17. INFORMANT Edward Seo Rice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ridgely W. 7 Va	Hus at house in had
18. BURIAL, CREMATION, OR REMOVAL Place Logg Htall Date Son 2 4, 19 3 5	Manner of injury
Place Date Date 4, 19 3 5	Neture of injury
19. UNDERLINER ders Steine one	24. Was diseasa or injury in any way related to occupation of deceased? 200
tapoliess) belief and.	If so, specify
20 Files 23, 10 6 Je Stranklu Ml	(Signed) M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address) Cursoboffees Med

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis FR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
END REAL EVERY			
200-004			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago
Run over by street car	
Peritonitie	
10,000,000	3 days ago
Other contributory causes of importance:	
	1 year
	Other contributory causes of importance: Gastroenteritis

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
PE	田田	rly	sate.
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	- 600	
County allequist	Registration Dist. No.	
Village or City Balton		Ward
Length of residence in city or town where death occurred 5.3 yrs. 6 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos	
00000000		us.
2. FULL NAME Gobert Tronald	U.S. Veteran, specify WAR.	
(a) Residence: ND. Barton M. (Usualplace of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yac	n
5a. If married, widowed, or divorced		
HUSBAND OF OCIO Schollick Rime	1 HEREBY CERTIFY, That I attended deceased 5	from 3
6. DATE OF BIRTH (month, day, end year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 last saw h alive on 6, 19 7 G; death	ls said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et34_m.	
3 3 1 6 0 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	fonset
8. Jrede, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Courary Ochusian	
A Mandustry or business in which	[-5	16
work was done, es SILK MILL, C. C. SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupetion (manth and yeer) spent in this occupation cocupation		
12. BIRTHPLACE (city or town) B. a. town	Dther Contributory Causes of Importance:	
(State or country)	Samuel Lagrande	
13. NAME William Russell		
13. NAME William Russell 14. BIRTHPLACE (city or town)	Name of operation Data of	
(State of country)	What test confirmed diagnosis? Was there an autopsy2	<u></u>
15. MAIDEN NAME O enet Heron 16. BIRTHPLACE (City or town) B arton	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
	Accident, suicide, or homicide?	
(State or country) Md.	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Helliam & Jugall	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Council Will Date Jan 9, 193	Nature of injury	
19. UNDERTAKER S. Soal	24. Wes disease or injury in any way related to occupation of deceased?	
(Address) Bartons, md	If so, specify	
20. FILED Jan 8, 1936 S. a. Boucher Registrar.	(Signed) frage and to be seen and	_M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2 1	Example II	
The principal cause of death and related causes of importance were as follows: EB 5	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

V. S. No. 1

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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STATE	OF	MARYLAND-CERTIFICATE OF I	DEATH	
FATH		1441971 144		

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00074
1. PLACE OF DEATH ALLEGANY WITHIN COMPOS	MATE LIMITS (7)
Coulty	Registration Dist. No.
Village or City	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME NORMAN RYAN	If U. S. Veteran, specify WAR
(a) Residence: No. FLINTSTONE, MD.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED Sylee tha word)	21. DATE OF DEATH JANUARY 24 1936 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of SELLA WILSON RYAN (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) DEC . 4 . 1885	I last saw her elive on Jack 35 153 4 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
50 1 Vo 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Werd as Tolows. Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEPFRIELD NEERING DEPT. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and spent in this server).	
9. Industry or business in which work was done, as SILK MILL, CELANESE CORP. SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	Encepholitis lethargical curtos
Date deceased last worked at this occupation (month and year)	Duration: Two weeks.
	Other Contributory Causes of importanca;
12. BfRTHPLACE (city or town) PENNA (Stata or country)	
f3. NAME GEORGE RYAN	
f4. BIRTHPLACE (city or town) PENNA	Name of operation Oate of
(State of country)	What tast confirmed diagnosis Was there an autopsyllis
15. MAIDEN NAME SARAH GERR 16. BIRTHPLACE (city or town) PENNA.	23. If death was due to external causes (VIOLENCE) fill in also tha following:
6. BIRTHPLACE (city or town) PENNA.	Accident, suicida, or homicide? Oata of injury
- T (State of County)	Where did injury occur? (Specify city or town, county and State)
f7. INFORMANT CUMBERLAND, MD.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAN CREMATION, OR REMOVAL	Manner of injury
Hollinest Comeley Date Jan 26, 1934	Nature of injury
19. UNDERTAKER LOUIS Stare Tree	24. Was disease or injury in any way related to occupation of deceased?
20. system 215, 1976 Ja S. Franklin M. Registra.	(Signed) Supelie M. O. (Address) August O
Registrar.	(1001035)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FLD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
No. Continues			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Marie Carlon

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00075
1. PLACE OF DEATH	2000 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
County allegacy WITHIN COR	POPATE LIMITS Registration Dist. No. #
Village or City Cultural City	No. 935 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Richard & carlett	If U. S. Veteran, specify WAR
(a) Residence: No. 9.3.5 Sheed Cu (Usual place of abode)	Est., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH OF
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. (ALL BEREBY CERTIFY, Thet Lattended deceased from
6. DATE OF BIRTH (month, dey, and year)	last saw h. M. alive on June 20 196 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, of 29 m.
about 68 1 day, Lifes.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
R Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and	1931 1931
10. Date decesed lest worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Clearlestourn	Other Contributory Causes of Importance;
(Stete or country)	The state of the s
13. NAME Celeard Fearlett 14. BIRTHPLACE (city or town)	apoply 1931
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis Was there en eutopsy?
15. MAIDEN NAME	23. If deeth was due to externel causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mus Clara Scarles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Villeras Cus 126	Manner of Injury Nature of Injury
19. UNDERTAKER Socied Atlant due	24. Wes diseese or injury in eny way related to occupetion of deceased? Us
20,54502 30, 1676 Ja Solamakh, M. A.	(Signed) Solution M. D.
Registrar.	(Address) 3 7 Mullet

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	RUDTHER	STATEMENTS	RV	PHYSICI	AN
ADDITIONAL	STAUL	run	runinen	SIVIEWENIS	DI	LUISICIA	7.4

	very item of infor-	ANS should state	nent of OCCUPA-		
	NT RECORD. E.	LY. PHYSICI	d. Exact staten		The state of the latest and the state of the
FOR BINDI	IS A PERMANE	stated EXACT	properly classified	ertificate.	The same of the sa
MARGIN RESERVED FOR BINDI	N. B WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
4. S. 140. t	N. BWRITE PLAINLY	mation should be ca	CAUSE OF DEATH	TION is very impor	

	E OF DEA	Allega	11 9	THIN CORP	ORATE LIWITS Registration Dist. No	-/
Villag	e or City	Cumbe	rland.		No. 629.N.Centre st	, 2/Ward
Length	of residence In	city or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. If of foreign birth?yrs	
2. FULL	NAME	Mary.C	.Shroye	r	If U. S. Veteran, specify WAR	
(a) R	esidence: No.	Cum	berland	. Md	St., Ward.	
255	CO.111. 4		(Usual place		If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
SEX		OR OR RACE		RIED, WIDOWED.	M DATE OF DEATH	
Fem		White	OR DIVORCE	D (write the word)	Jan. 26.1936	193 (Year)
a. If married	, widowed, or div	vorced				1
HUSBAN (or) WIF	E of	ohn Shro	yer		22. I HEREBY CERTIFY, That latte	nded deceased from
DATE OF E	BIRTH (month, d	lay, end year) Ma	y. 26.1	862		36; death is said
. AGE	Years 73	Months 8	Deys	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at	
8. Trade	, profession, or	particular	A L IT	l ormin.	were as follows:	Date of onset
ki Si	nd of work done AWYER, BOOKKI	e, as SPINNER, EEPER, etc	At Hom	e 	Aperiestroma	Que
9. Indus 9. Indus W S/ 10. Date	try or business ork was done, as	In which s SILK MILL,				Russ
10. Date	AW MILL, BANK deceased last w	orked at	11. Total t	ime (years)	left Kilvey,	
	is occupation (m	onth and	spe occ	ntin this upation		
2. BIRTHPL	ACE (city or town	7)	German	У	Other Coutributory Causes of importance:	
	or country)					
13. NAME		Edward	Kornr			
	HPLACE (city or State or country)		Germa	ny	Neme of operation Date What test confirmed diegnosis? What here	of
15. MAID	EN NAME	Dont Kn	OW		23. If death was due to external causes (VIOL ENCE) fill in also the foli	
	PLACE (city or State or country	town)	ont Kno	W	Accident, suicide, or homicide? Date of injury	
7. INFORMAI (Addr	*1	rance. Sl Cumber I			(Specify city or town, county an Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLI	d State) C PLACE,
8. BURIAL, C	REMATION, OR Gree	REMOVAL e. Mount	Dete Jan	.28.1936	Manner of Injury	
9. UNDERTA		ohn.C.Wo	lford land. M	d 19/	24. Was disease or Injury in any way related to occupation of deceased If so, specify	17.70
O. FILEDOC	w 27	, 1036	es of	Registrar.	(Address)	S Mul

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 00077
1. PLACE OF DEATH	92-20)
County afle gamy	Registration Dist. No. / O
Village or City of Sovoge	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Gatherine & Niker	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Ternole Whita Pridowld (write the word)	(Month) (Oay) (Yaar)
5a. If markied, widowad, or divorced A D D D	22, I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of John Shiper	Jan 3 1936, to Je my 17 1936
6. DATE OF BIRTH (month, day/and year) 144 2. 11871	I last saw har alive on
7. AGE Yaars Months Days If LESS than	to hava occurred on the date stated abova, at 4.50.A.m.
15 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of importanca were as follows:
8. Trade, profassion, or perticuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carebral Hemmarhoge Jan 12
9. Industry or business in which	V
work was dona, as SILK MILL, Yousewife	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	Marry Co supocasation
13. NAME & of Stands	Gritul Stanis.
14. BIRTHPLACE (city or town) At Land	Name of operation Date of
1.0	What tast confirmed diagnosis? Claude Was there an autopsy? Lo
15. MAIDEN NAME Margert Joseph Over	23. If death was due to external causes (VIDLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town). Un now	Accident, suicida, or homicide?
(State or covinty)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Olysta de la	Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Plece Dudliffe 1 a Data - au a 0 , 1936	Nature of injury
19, UNOERTAKER ATTACK	24. Was disaese or injury in any way related to occupation of dacaased? . No-
20. FILEO Jacob 7, 1936 H. L. B. ostetter M.D. Registrar.	(Signad) A Bostilles M. D. (Address) Wil Rayle O Mag
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FFB	July 5,1927	Peritonitis	3 days ago
101 At V. S.	e gar		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYLA	AND-	CERTI	FICA	TE	OF	DEA	TH
					7	-			

-	UF	DEATH	()()(

1	. PLACE OF	DEA	TH			(121)
	County	ALL	EGANY	WITH	IIN CORPOR	RATE LIMITS Registration Dist. No.
	Village or Ci	,	CUMBERI	/		No. MEMORIAL HOSPITAL St.,6 / Ward death occurred in a hospital or institution, give its NAME instead of street and number) 23 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2	. FULL NAI	ME	ELI S	SLIGER		If U. S. Veteran, specify WAR
	(a) Residen		CITTAGE	RLAND VA	LLEY	St., Ward. PENNA. If nonresident give city or town and State
-	PERSON	AL AN	ID STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	MALE		OR OR RACE	5. SINGLE, MARK OR DIVORCED WIDOWE	(write the word)	21. DATE OF DEATH January 17, (Pay) (Yaar)
5a.	If married, widow HUSBAND of (on) 對長時自]		orced BELL HAI	RTSOCK		22. I HEREBY CERTIFY, That I attended decaesed from
6. 1	DATE OF BIRTH (month, da	y, and year) M	ARCH 24	1358	I last saw h i m alive on 1-17- 1536; death is said
7. /	NGE Yaa		Months 9	Days 25	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1.2:05 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
LION	8. Trade, profes kind of w SAWYER,	ork dona.	articular , as SPINNER, EPER, etc	RETIRE	ED	arterios celebrales
OCCUPATION	9. Industry or work was	dona, as	n which SILK MILL, atc			myorardial deglaration ?
000	10. Date dacaasa this occu		rkad at onth and		ma (yaars) t in this pation	A Carrier
12.	BIRTHPLACE (cit (State or cour		PENNS	YLVANIA		Other Coatributory Coases of importance
ER	13. NAME J.	ACOB	SLIGER			The Reverling
FATH	14. BIRTHPLACE (State or		own)PJ	ENNA.		Name of operation Date of Date of What test confirmed diaknosis? Was there an autopsy?
ER	15. MAIDEN NA	ME Cl	airisa	ASH		23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
MOTHER		(city or t	own)PEI	NNA		Accident, suicide, or homicide?
17.	INFORMANT	MEMO	RIAL HO	SPITAL		(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMAT	ion, or the	removal L. Pa	Data Jan.	20.19,36	Mannar of injury
19.	UNDERTAKER	Joh	n.C.Wol	ford erland.	-Md	24. Was disaasa on injury in any way related to occupation of receased?
20.	ELEDAN	20,	1935 /2	A Fra	Registrar.	(Signed) C. M. D. (Address) C. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

V. S. No. 1

MARGIN RESERVED FOR BINDI	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANF	mation should be carefully supplied. AGE should be stated EXACT	CAUSE OF DEATH in plain terms, so that it may be properly classified	TION is very important. See instructions on back of certificate.
	N. BWRITE PLAINLY	mation should be c	CAUSE OF DEAT	TION is very impo

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Allegane	Registration Dist. No.
Village or City the Colores	Chellessee) St., Ward
Length of residence in city or town where death occurredyrs,mo	Possible operated in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
.2. FULL NAME Stillbar Swa	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOT OR RACE 5. SINGLE, MARRIED, WINDWED, OR DOVORCED (with word)	21. DATE OF DEATH (Mostle) (Day) (Yeer)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE CLUSS OLVER.	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) / -20-36	I last saw her alive on dead Saw 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
1 day,hrs.	
9 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	- Jayren
Name of work done, as SPINNER SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Industry or business in which was done with this occupation (month and the properties of the pr	
10. Date deceased last worked at this occupation (month and year)	
(11h 0 - 1/2)	Other Contributory Causes of importance:
12. BIRTHPLACE (city Class) (State or County)	1 al Altron
13. NAME CINCO O Way	breach
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME HAZEL. O CHOO	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANCE CANADA CONTRACTOR (Address)	(Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place cille Galland Date 177 193	Neture of injury
19. UNDERTAKER Ar liver Oyles (Address) Little Galleus Mil	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Jani DD., 1926 7. T. Mann Per ME Ma Deph Joes Registrar.	(Signed) Sancol M. M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Example I	Tà	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
6 1936 N			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY

Ä

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	infor-	state	UPA.	
-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every its mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of the continuous content of the continuous content of continuous content.	m of	hould	000	1
-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement with indications of the property of carrificate.	ite	50	jo	
-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PEKMANENT KECO mation should be carefully supplied. AGE should be stated EXACTLY. PH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is now important. So, instructions on had of carificate	KD. Every	YSICIANS	statement	
-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.	I KECO	Y. РН	Exact	
-WRITE PLAINLY, WITH UNFADING INK—THIS IS A FE mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly FION is your important. So instructions on book of cartificates	KMANEN	XACTL	classified.	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A mation should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be propertiently is not important.	7	田田	rly	rate
WRITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be FION is your important.	IS A	state	prope	certifi
WRITE PLAINLY, WITH UNFADING INK—Thation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may be not in the state of the state	E	pe	pe	of
WRITE PLAINLY, WITH UNFADING II mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that	NK-T	should	it may	Josh m
WRITE PLAINLY, WITH UNFAI mation should be carefully supplied. CAUSE OF DEATH in plain terms, strong is your important. So, instruments	ING I	AGE	so that	rtions c
WRITE PLAINLY, WITH mation should be carefully s CAUSE OF DEATH in plain	UNFAL	upplied.	terms,	o inetru
WRITE PLAINLY, wastion should be care CAUSE OF DEATH in	WITH	fully s	n plain	S. tr
-WRITE PLAIN mation should b CAUSE OF DE	LY,	e care	ATH in	nortal
-WRITE mation sl CAUSE (PLAIL	d bluor	JE DE	very in
	-WRITE	mation sl	CAUSE (TION is

STATE OF MARYLAND—CERTIFICATE OF DEATH

11	1)	AC	1	à
U	U	115	1	J

	1. PLACE OF DEATH		(31)	,
1	County Allegann	. WITHIN CORPOR	Registration Dist. No.	4
	Village or City	(II	No. 730 Analysis Arcti, death occurred in a hospital or institution, give its NAME instead of street and r ds. How long in U.S. if of foreign birth? yrs. m	
1	1.	Toccurred Services		3
	2. FULL NAME Starble	M. Smrsi	If U. S. Veteran, specify WAR	
'	(a) Residence: No. 130 977	(Usual place of abode)	St., S Ward. If nonresident give city or town and	State
-	PERSONAL AND STATISTICA	4	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIYORCED (write-the word)	21. DATE OF DEATH	193 6
50	I. If married, widowed, or divorced	money	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	nisher	22. MI HEREBY CERTIFY, Thet lettended	deceased from
e 6.	DATE OF BIRTH (month, day, and year)	2 7 1864	I last saw harman alive on 19	; death is said
go 7.	AGE Years Months	Days If LESS than	to have occurred on the dete stated above, at	
certificate	7/ 3 1	2-9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
of o	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	namale.	eryone	
l box	SAWYER, BOOKKELPER, etc	navyyy	Muguetto.	
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
no	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
instructions	2. BIRTHPLACE (city or town) Italiana (State or country)	1 1 0	Other Contributory Causes of Importance:	
Istr	13. NAME Hanny Ata	iela		
See inst	14. BIRTHPLACE (city or fown)	P	Name of operation Date of	
	(State of country)	0'1	What test confirmed diagnosis? Was there an a	utopsy?
ant.	15. MAIDEN NAME Rochall	mage	23. If death was due to external causes (VIOLENCE) fill in elso the following	:
orta		Pa.	Accident, suicide, or homicide? Date of Injury	, 19
im	7. INFORMANT Alter Syn (Address)	izher	Where did Injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE,
very	B. BURIAL, CREMATION, OR REMOVAL	and.	Menner of injury	
is	Place Lestello, It. Val	Date + 11 3 , 1936	Nature of injury.	
TION	9. UNDERTAKER Land Sterr (Address)	ne gode.	24. Was disease or injury in any wey related to occupetion of deceased?	
2	0. FOED	P. Frankin Registrar.	If so, specify (Signed) (Address)	M D
-	If more blan		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

V. S. No. 1 N. B.—

STATE (OF MARY	LAND-	CERTIFICATE OF DEATH	1031
1. PLACE OF DEATH	W	THIN CON	POPATE LIMITS 93-C	/
County Allega	and		Registration Dist. No.	
Village or City	channa	<u></u>	No. St., f death occurred in a horbital or institution, give its NAME instead of street and n	
Length of residence In city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo)sds.
2. FULL NAME Weller	and B	rapitor	w Thank	1.
(a) Residence: No.	(Usual place of	abode)	St., Ward. MacCase My or town and	State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	,
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	
(or) with a single control of the co	2		Dec 10, 1935, 10 Jan. 2	1936
6. DATE OF BIRTH (month, day, and year)	ct. 19,	1909	I last saw h. M. alive on and le 1936	; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at	
26 2	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular	0	0.1		Date of ouset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Loval	ude.	Chronic Mys cards tis	9
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			////	
U 10 Date deceased last worked at	11. Total time	e (years)	V	
this occupation (month and year)	spanti occupa	n this tion		
12. BIRTHPLACE (city or town)	no Carl	0	Other Contributory Causes of importance:	
(State or coupley)			Modelm	1-2:3
II 13. NAME	m. 76	26 6		
13. NAME Lands 14. BIBTHPLACE (city or town). Reggs.		1	more	
14. BIRTHPLACE (city or town) Alexa	TYV. Y	97.7 1	What test confirmed diagnosis? Clune Was there an a	
15. MAIDEN NAME	Task	4)		
I	3 000,0	0	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
O 16. BIRTHPLACE (city or town) (State or country)	malar	ed	Where did injury occur?	, 19
1 4 41			(Specify city or town, county and State	e)
17. INFORMANT (Address)	Marie C	20/2	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	IUE.
18. BURIAL, CREMATION, OR REMOVAL	n	, , , ,	Manner of Injury	
Place Teypel M.	aDate Jan	1936	Nature of injury	
10 HADEN - J. F. M.	all me	00	24. Was disease or injury In any way related to occupation of deceased?	and
19. UNDERTAKER (Addiess)	Des D	- Nong	If so, specify A A A A A A A A A A A A A A A A A A A)
0	(+ H	10 2011	(Signed)	M n
20. FILED 3 , 1990	:077	Registrar.	(Address) Medical & Dag	/
If more	blanks are needed, add	ress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.	

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Chronic interstitial nephritis 197 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Carried Commence of the Commen	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE C	F DEAT	H	00
1. PLACE OF DEATH	WITHIN C	ORPORATE LIMITE)		,
County Celle	gary	ON COMMITS	Registration Dist	. No	4-
Village or City	rland		incole	St., 2	4 Ward
Length of residence in pity or then where death		death occurred in a hospital or institutionds. How long In U.S. if of f			
2. FULL NAME offormas	A. Turio	If U. S. Veteran, s			
(a) Residence: No. 701	Pilling	St., Ward.	beeny WAR		
	(Usual place of abode)	ZSu,waiu.	If nonresident give	city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CE	RTIFICATE O	F DEATH	
	SINGLE, MARRIED, WIDOWED, DE MYORCED (write the word)	21. DATE OF DEATH	. 7	1	4
mow	married	A	(Month)	(Day)	(Year)
a. If married, widowed, or divorced HUSBANO of	- 1				
(or) WITE of Lotlie	Hinkle	THEREBY	CERTIFY.	That I attended o	deceased from
	2 120, 0 9 8	I last saw halive on	10	193 6	, death is self
. AGE Years Months	Oays If LESS than	to have occurred on the date stated	shove at 5 a	, 13 	, death is sen
5-5- PT 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH			
Trade, profession, or particular	f or min.	were as follows:	DI.		Oata of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	anery Dyer	Lumertis	there.		
Industry or business in which work was done, as SILK MILL,					
SAW MILL, BANK, etc.	1	- //			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	4			
(year)	occupation	Other Contributory Causes of import	ance:		-
(State or country)	ya				
	7				
13. NAME Comment	turgq				
13. NAME 14. BIRTHPLACE (city or town)	mf //	Name of operation		Date of	
(State of country)	14 5 1.1	What test confirmed diagnosis?		Was there an a	utopsy?
15. MAIOEN NAME	ale Wilson	23. If death was due to external couse	s (VIOLENCE) fill in	elso the following	*
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	And	Accident, suicide, or homicide?	Date	of injury	, 19
(State or country)	4 17 .	Where did injury occur?	(Specify city or town	a, county and State	e)
7. INFORMANT 2004	ie Jurga	Specify whether Injury occurred in I	NOUSTRY, in HOME,	or in PUBLIC PLA	CE.
(Address)	red Dill.				
Place Rose Hill Come of	nte Jan \$ 1935	Manner of injury			
- 6	11. 9	Nature of injury			
19. UNDERTAKER	elie duy	24. Was disease or injury in any way	related to occupation	of deceased?	
() 12 11 () ()	22 000	If so, specify (Signed)	Det.	el	
20. FILED A	Registrar.	(Address)	medil	and	M.C
		2411 N. Charles Street, Baltimore, Requ			

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1 2 2 - 1 V L L	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	EEE 7 1908	July 5, 1927	Peritonitis	3 days ago	
	PLUFAL V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

N. B.

certificate.

See instructions on back of

TION is very important.

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

11	1	6 5	1)
U	U	11	1)

1. PLACE OF DEATH		(83-6)	
County Allegary	WITHIN COR	RPORATE LIMITS Registration Dist. No. 4	
Village or City Annual	(If	No. 501 /a agradu St., death occurred in a hospital or institution, give its NAME instead of street and number)	_Ward
Length of residence in city or town where de	eath occurred 26 yrs mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Kalph	D. Van hen	kush	
(a) Residence: No. 501 m	(Usual place of abode)	St., / Ward. If nonresident give city or town and State	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	(ear)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	Dennis	22. I HEREBY CERTIFY, That I attended decease	
6. DATE OF BIRTH (month, day, end year)	m 10 1874		is said
7. AGE Years Months	Days If 1 ESS than 1 day,hrs. or min.	to have occurred on the data stated bove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
Name of the state	referenterdant	Cerefred Necessarkongs	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (mosth and	ennery.		
10. Data deceased last worked at this occupation (month and year)	11. Total time (yaars) pent in this occupation	Other Centributery Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	2	Sofore of Person	
13. NAME Charles Var	v henkish		
13. NAME Carles Van 14. BIRTHPLACE (city or town) (Stata or country)	Pal.	Name of operation Data of	
15. MAIOEN NAME Calkerine	Franklin	What test confirmed diagnosis? Was there are eutopsy?	
16. BIRTHPLACE (city or town) (State or country)	Par.	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Charles Van	(her hish)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Officers Com	Date 1/72 1936	Manner of injury	
19. UNDERTAKER Long Steen (Address)	in one.	24. Was disease or injury in any way related to occupation of deceased?	
20. F) to 2 / , 193 / A	Minush M. W. Registrar.	(Signed) / Kar. If I and Supplemental Supple	_M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			l

stated EXACTLY. PHYSICIANS should state D. Every item of inforof OCCUPA-Exact statement B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC properly classified. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

FOR BINDI

MARGIN RESERVED

V. S. No. 1

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	SHI ORATE LIMITS (2/2-0)
County Cillegary	Registration Dist. No.
Village or City.	No
	osds. How long in U.S.At of foreign birth?yrsmos
2. FULL NAME William Munter Hald	for If U.S. Veteran specify WAR. World Wan
(a) Residence: No. 31 A assell Co. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year
. If fharried, widowed, or divorced HUSBAND of (07)-WIFE of	22. I HEREBY CERTIFY, That I attended deceased,
Hannah ancy	10 to 20
DATE OF BIRTH (month, day, and year) 24-1897	I last saw has alive on to the last saw has alive on to the last saw has a live on the last saw has a live of the last saw has a live on the last saw has a live of the last saw has a
AGE Years Months Days If LESS than	to have occurred on the date stated above, e
39 0 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8-Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	47
Andustry or husiness in which	Janua
work was done, as SILK MILL, SAW MILL, BANK, etc.	a Compression
Date decessed last worked at 11 Total time (years)	
this occupation (month and year) - 36 spent In this occupation . 2. 7:	
BIRTHPLACE (city or town)	Other Cantributory Causes of Importance:
(State prountry)	- Rib.
13. NAME Marial Walker	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME LICES & itrembero	23. If death wes due to external causes (VIQLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicing Pate of injury 24, 19
(State or country)	Where did injury occur 222 have lead, the
INFORMANT Mass Haywall Walker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) BURIAL, GREMATION, OR REMOVAL	Le- 200 000
profilerest Enere: Date 2002 8, 193	Manner of injury
UNDERTAKER of Seein Stein In	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Carola and	If so, specify
11 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed)

CTATE OF MADVIAND

CEDTICICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
5EB 7 1008			
Other contributory causes of importance . S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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RESERVED

MARGIN

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Chronic interstitial nephritis JAB 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

	2	EVE		
J	U	US	111	

1	. PLACE O	F DEATH					(3)			,
	County	ALLEG	ANY	WIT	HIN CORP	ORATE	LIMITS	Registration Dis	t. No	4
	Village or C		ERLAND				ed in a hospital or inst	HOSPITAL itution, give its NAME inst	St., 6	
-		Ols'	101)	ar 15					
2	(a) Residen		ERSBUR			St.,		n, specify WAR		
-	BERCON	IAL AND CTATI		al place of			MEDICAL		city or town and	State
2 0	SEX PERSON	AL AND STATI				21 DA	TE OF DEATH	CERTIFICATE O	PEATH	
3, 3	MALE	WHITE	OR DIV	VORCED (NGLE	21. DA		NUARY 29,	(Day)	, f93 6 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ved, or divorced	-			22. 90	I HEREB	Y CERTIFY.		deceased from
. 1	NATE OF BIRTH	(month, day, and yeer)	Jan.	29.	1936	Dast saw	1	9 - to 2	/	; death is said
	AGE Yes			ys	If LESS than 1 day,hrs. ormin.	The PRIN	CIPAL CAUSE OF DE	ated bove, at 1140 p	m.	-, dom 13 said
NO	kind of v	ssion, or particular work done, as SPINNER, BDDKKEEPER, etc.				were as f	Ben Tent			Date of onset
OCCUPATION		business in which s done, as SILK MILL, LL, BANK, etc				3	nha Ules	ine asphy.	xia.	-
၁၁၀	10. Date deceas	ed last worked at pation (month and	11.	Total time spent i occupe	n this				************	-
f2.	BfRTHPLACE (ci		ARYLAN	D		Other Co	ntributory Causes of In	sportance:	**********	-
2	13. NAME	PAUL WEI	TON							
FATHER	14. BIRTHPLACE	(city or town)W.e	VA.				operation		Date of	
EB	15. MAIDEN NA	ME KATHLEE	N FOLE	Y				auses (VIOL ENCE) fill in		
MOTHER		(city or town)	VA.			Accident,		Date		
17.	INFORMANT(Address)	MEMORIAL H	OSPITA RLAND,					(Specify city or tow in INDUSTRY, in HOME,		
18,	Place Place	ION, OR REMOVES	se Date	law	29,1936		f injury			
19.	UNDERTAKER (Address)	menser	ealer.	and	tach.	24. Was di		way related to occupation	n of deceesed?	
20.	FILEBOAN!	29,1036	a P. H	Bank	lese Janel. Registrar.	(Sign	(Address)	M. Asym	nd.	M. D.
1		If,	nore blanks are n	eeded, add	ress State Registrar,	2411 N. Ch	arles Street, Baltimore,	Requesting U. S. No. 1.		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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H 2	4
TYSI	2000
REC.	Day of
ENT LLY	
UNFADING INK-THIS IS A PERMANENT RECORD. Even upplied. AGE should be stated EXACTLY. PHYSICIAL	town at that it were be money in alocaified Wood atatomos
PER	1 1 m
IS A	O WO W
HIS he	100
K-T.	
G IN	Land to
DIN A	4 00
UNFADING INK-THIS IS A PE applied. AGE should be stated H	4

		OF MARYLAND	-CERTIFICA	ATE OF DEATH	00034
	e of DEATH			97)	6
	2 met	1. 0.	M-	Registration Dist. No	
Villag	e or City ////c	ooce o	(If death occurred in a hospit	tal or institution, give its NAME instead	of street and number)
Length	of residence in city or town when	e death occurred yrs.	mos. ds. How long	in U.S. if of foreign birth?yrs	s ds.
2. FULL	NAME Thomas	Marken Wi	laman		
(a) R	esidence: No. Hate No	(Usual place of abode)	le Cook War	d. If nonresident give city	or town and State
PER	SONAL AND STATIS	TICAL PARTICULARS	MEDI	CAL CERTIFICATE OF E	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWE		EATH ,	
mak	e rotute	OR DIVORCED (waite the fibre		(Month) (Oa	, 193 (• (Year)
5a. If married HUSBAN	widowed, or divorced	· ^	22. I H E	REBY CERTIFY. Jhat	t I attended deceased from
(or) WIF	of Ida K.	Veldman	Rec	28 1976 to Ofen	2 (1936
6. DATE OF I	IRTH (month, day, and year)	June 11 1840	i last saw ha	live on Jun 1	, 19.3 6; death is said
7. AGE	Years Months	Oays If LESS the		e date stated above, at + Pm.	
9	5 4	20 1 day,	The PRINCIPAL CAUS were as follows:	E OF DEATH and related causes of impa	Date of onset
Z Trade	profession, or particular and of work done, as SPINNER,	Farance	Sem	lity:	7
= S	WYER, BOOKKEEPER, etc ry or business in which	Javma		Certinoscale	1000
S S	ork was done, as SILK MILL, W MILL, BANK, etc	• • • • • • • • • • • • • • • • • • • •			
	deceased last worked at is occupation (month and	11. Total time (years) spent in this			
y y	ar)	oc:upation	Other Contributory Car	ases of importance:	,
12. BIRTHPL	CE (city or town)	egunu - Lowden	o. Juhn	romany Consistion	Jun 1-3
13. NAMI	1	Sil-lana		V	
I	7-20	lugman	Name of apprehing	nne	Oaks of
	PLACE (city or town) tate or country)	2 Unknown	Name of operation	agnosis? W	Oate of
当 15. MAIO	EN NAME Mary	German		external causes (VIOLENCE) fill in also	
j	PLACE (city or town)			omicide? Date of ir	
	tate or country)	Fermany	Where did injury occur	(Specify city or town, co	ounts and State
17. INFORMA (Addr	IT Mrs. Ida /	Y. Wildman	Specify whether injury	occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
	REMATION, OR REMOVAL	1	Manner of Injury	wne	
Place.	Wayton Cemeker	y Date fan 4 ,19	Nature of injury		
19, UNDERTA	(ER M. L. Rus	ers	24. Was disease or inju	ry in any way related to occupation of d	deceased? 200
(Addr	ess) Reyser, 1	W. Va	If so, specify	2011	7
20. FILED	n4/,1936	estation la seri	(Signed)	May	M. D
- (76-	Registra Te blanks are needed, address State Revi		1	V K1.0
	11 mu	te vienas are necuca, address State Regi	HUI. ZAII IV. I DAILES DITEEL DE	ALLEMENTS, ACCUREMING LAND, 140, M.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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l	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

TION is very important. See instructions on back of certificate.

	S. PLACE OF DEA	TAIL	F MAR	YLAND—	CERTIFICATE	OF DEATI	H ()	0005
	2/	leanne	W	THIN CORP	ORATE LIMITS	Registration Dist.	No.	/
	Village or City	Jacob VI	lace	0	No. 126 Sha	Registration Dist.	st.6	~ ❷ Ward
		mune.		m1 /	death occurred in a horpital or insti		tead of street and i	number)
	Length of residence in ci		eath occurred	yrsVmos	ds. How long in U.S. if	f of foreign birth?	yrsm	osds.
	2. FULL NAME C	Lanes	INU	ca and	If U.S. Veteran sp	ecify WAR.	2.0/	/
	(a) Residence: No	126	(Usual place	of abode)	Est., Ward.	If nonresident sive	city or lown and	State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL	CERTIFICATE OF	F DEATH	
3.	SEX 4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	1	78	
	Eucas 1	suo	1/1	low		(Month)	(Day)	(Year)
28	If married, widowed, or divo HUSBAND of (or) WIFE of	riced / (A	auga i	Wil	22. I HEREB	Y CERTIFY.	That I attended	deceased from
		1/0	· · · · ·	1862	Jasq. I.S.	., 1926, to		
-	DATE OF BIRTH (month, day		ec. 10	, 1862	l last saw h_& alive on	1	, 19_ <i>.</i> L.	_; death is said
7.	AGE Years	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date sta			
	73	1	18	ormin.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of	importance	Date of onset
NO	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	articular as SPINNER.	4/				-,	-/
TI	SAWYER, BOOKKEE	PER, etc.	Joursen	THE .	¿ mdvca	idelis ?		linker
UPA	9. Industry or business in work was done, as S SAW MILL, BANK, e	SILK MILL,	House	1	myoca	- delig		
OCCUPATION	10. Date deceased last wor this occupation (mo	rked at	11. Total ti	ime (years)				
0	this occupation (mo	nth and		ntin'this upation				-
		Prince	Hole:	1.	Other Contributory Causes of im	pertance:		
12	(State or country)	The Ce	precent	ш	Hyperl	ensen t		
02		1-1	1 4					Cuhy
HER	13. NAME 19	100 142	raegly	•	700.7	man	7	-
FATH	14. BIRTHPLACE (city or to	(wn) Prus	e Trea	encle	Name of operation	0.0	Date of	
_	(State or country)	A 0	900	d	What test confirmed diagnosis?	lunene	_ Was there an a	autopsy? hu
HER	15. MAIDEN NAME	weke	-		23. If death was due to external c	auses (VIOLENCE) fill in a	also the following	g:
MOT	16. BIRTHPLACE (city or to	wn)Q	0		Accident, suicide, or homicide?	Date	of injury	, 19
Σ	(State or country)		mor	~~	Where did injury occur?			
17	INFORMANT afr	il H.	Velson	4)	Specify whether injury occurred	(Specify city or town in INDUSTRY, in HOME,	or in PUBLIC PLA	e) ACE.
	(Address)	mull.	elano	- mel				
18.	BURIAL, CREMATION, OR R	REMOVAL	9		Manner of injury			
	Place Cupie	1 may	1_Oate / Que	29,1936	Nature of injury			/_
10	UNOERTAKER	100	10000	dere.	24. Was disease or injury in any	way related to occupation	of deceased?	hu
13	(Address)	wellow.	Carel	nd	If so, specify	1		
000	1/200	21 (27	10 200	(Signed)	Lan	06	M. D
20	EILEO (19, 1	1936 Jac	Z. W. P. P. Reck A.	Registrar.	(Address)	Come	ulance	1 had
		If more !	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, 1	Requesting U. S. No. 1.	7.	

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To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 1 36	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1602
County allgory.	Registration Dist. No. 6
Village or City Westlern West	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
	2
2. FULL NAME I LAW JEON WILT	If U. S. Veteran, specify WAR
(a) Residence: No. (a) Main (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (wire the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. ALHEREBY CERTIFY That I attended deceased from
(or) WIFE of	Jan 21 1936 to Jan 23 1936
6. DATE OF BIRTH (month, day, and year)	1 last saw h ex alive on Jan. 023 1936; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 1:22 ft.m.
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	wera as follows:
Sind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cerebral Kemarrhage 1/21/36
9. Industry or business In which	received in marchage 1-726
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaasad last worked at this occupation (month and yaar) yaar) 11. Total time (years) spant in this occupation	
10 PIRTURE LOT (ille al market) Mesters / 1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Benja	
I TO THE TOTAL T	Natur
I4. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Violet Virginia Host. 16. BIRTHPLACE (city or town) - We fler support.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) We fler	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 6 2 Will (Address) Westernin 1: Ml	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLÁCE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Philos Consteipate on 15, 19 16	Nature of injury
A.C. B.J.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
1	(Signed) a J fazurbapu M.D.
20. FILED Jan - 24, 1930 Combahar Registron	(Addrass) Westernpark M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example			Example II		
The principal cause of death and r of importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	La Live Inc.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RIA & 1830	July 5, 1927	Peritonitis	3 days ago	
5,1	REAU V.	s.			
Other contributory causes of impo	rtance:	=	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	OF MARYLAND—	CERTIFICATE OF DEATH	0450
1. PLACE OF DEATH		Begintesting Diet No.)
Village pr City	a march	Registration Dist. No/_ (War
	/ / / /	If death occurred in a hospital or institution, give its NAME instead of street and	l number)
Length of residence in city optown where	death occurred yrsmo	sds. How long in U.S. if of foreign birth?yrs	mos0
2. FULL NAME (a) Residence: No.	get very	St., Ward.	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
A. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wish the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2 Windreamer)	22. I HEREBY CERTIFY, That I attende	d deceased fro
6. DATE OF BIRTH (month, day, and year)	0031-1878	I last saw halive on Well 19	; death Is sa
7. AGE Years Month's	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3: 3.0 A-m.	
571	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	book mer	acute delatation of the	X
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc			
10. Date deceased last worked, at this occupation (month and year)	11. Total time (years) 35 spent in this occupation		
12. BIRTHPLACE (city or town) From	thing	Dther Contributory Causes of importance:	612
(State or country)	I ma.	- muero astura	
13. NAME	ohnou!		
14. BIRTHPLACE (city or town)	bushman	Name of operation Date of	
۷ (/)	8. 0. 0	What test confirmed diagnosis? Was there at 23, If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	(mow	Accident, suicide, or homicide?	
(State or country)	•	Where did injury occur?(Specify city or town, county and S	
17. INFORMANT Walter W. (Address)	owo of his	Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC I	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1. ILAN . 31	Manner of Injury	
Place C.C. W.C. M.C.	Date 19, 19	Nature of Injury	1. 0
19. UNDERTAKER OCC	agus no	24. Was disease or injury In any way related to occuration of deceased?	gre
(Addiess)	THE WALL	DE I I A A-tt-	4
20. FILED / 3 / 1986 76	() (ADATTI IN 'BIK)	(Signed)	M.

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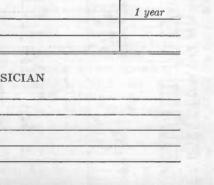
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ii fr	Example II	
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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MARGIN

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Exar	iple I		Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FFB a 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	NEW 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUREAU V. S	July 5,1927	Peritonitis	3 days ago
St. sp				
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	4
1. PLACE OF DEATH	(82:0)	
County alligary WITHIN CORPOR	RATE LIMITE Registration Dist. No.	
Village or City Landhalasad (IF	No. Social Amplita St., 6 Wa death occurred in a horpital or institution, give its NAME instead of street and number)	ard
	ds How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME angust Geager	If U.S. Veteran specify WAR	000
(a) Residence: No. Allegany by 14m	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5, SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	_
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	2. DATE OF DEATH - 38-	
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)	
HUSBAND of Sarah Yesque	22. I HEREBY CERTIFY, That I attended deceased fr	rom
11.1 ,0,51	199, 10 , 190, 190	6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw harmonic alive on, 1926; deeth is s to have occurred on the date stated above, atm.	ald
70 3 mseni 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade, profession, or particular	were as follows:	set
kind of work done, es SPINNER, Inaknam.	To stone Allena of Car	
9. Industry or business in which work was done, as SILK MILL.	The first of E. 11.3.	36
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year) spent in this occupation		
	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		
E Co	Manufacture H &	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?	10
E 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:	-
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury 19	
State or country)	Where did injury occur?	
17 Intonney Br. a Pro. 1 Car Ania	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT PROPERTY AND STATE OF THE CANADA CANA	The state of the s	
187 BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
energiand lim the sample of 1/3/, 1936	Nature of injury	
19. UNDERTAKER armis stand Inc.	24. Was disease or injury in any way related to occupation of deceased?	
20. FII ED Car 130 , 136 Jas Frankles MA	If so, specify (Signed) A Mules M.	D.
Registrar. **	(Addréss)	€.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhade	July 5,1927	Peritonitis	3 days ago
FAB 7 1936			
Other contributory causes of importance:	- 31.7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDI

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis (1997)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
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Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year